





ROYAL COMMISSION OF INQUIRY INTO CERTAIN DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND RELATED MATTERS.

Hearing held 8th floor 180 Dundas Street West Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamek, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence for

January 31, 1984

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1 ROYAL COMMISSION OF INQUIRY INTO CERTAIN DEATHS AT THE HOSPITAL FOR SICK CHILDREN 2 AND RELATED MATTERS. 3 Hearing held on the 8th Floor, 4 180 Dundas Street West, Toronto, Ontario, on Tuesday, the 31st 5 day of January, 1984. 6 7 THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner 8 THOMAS MILLAR - Administrator 9 MURRAY R. ELLIOT - Registrar 10 11 APPEARANCES: 12 13 Commission Counsel P.S.A. LAMEK, Q.C.) E. CRONK 14 Counsel for the Attorney General and Solicitor General of Ontario (Crown Attorneys and Coroner's Office) 15 D. HUNT L. CECCHETTO 16 Counsel for The Hospital I.J. ROLAND) 17 for Sick Children M. THOMSON R. BATTY 18 Counsel for The Metropolitan D. YOUNG Toronto Police 19 Counsel for numerous Doctors K. CHOWN 20 at The Hospital for Sick Children 21 Counsel for the Registered B. SYMES Nurses' Association of Ontario 22 and 35 Registered Nurses at The Hospital for Sick Children 23 Counsel for The Ontario H. SOLOMON 24 Registered Nursing Assistants 25

(Cont'd)





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1 APPEARANCES: (Continued) 2 D. BROWN Counsel for Susan Nelles -3 Nurse E. FORSTER Counsel for Phyllis Trayner -4 Nurse 5 Counsel for Sui Scott - Nurse M. ROSENBERG 6 J.A. OLAH R.N.A. 7 B. JACKMAN R.N.A. 8 S. LABOW 9 10 children) 11 F.J. SHANAHAN 12 13 14 W.W. TOBIAS 15 Jordan Hines) 16 J. SHINEHOLFT 17 18 19 VOLUME 95 20 21 22 23

Counsel for Janet Brownless -Counsel for Mrs. M. Christie -Counsel for Mr. & Mrs. Gosselin, Mr. & Mrs. Gionas, Mr. & Mrs. Inwood, Mr. & Mrs. Turner, Mr. & Mrs. Lutes, and Mr. & Mrs. Murphy (parents of deceased Counsel for Mr. & Mrs. Dominic Lombardo (parents of deceased child Stephanie Lombardo); and Heather Dawson (mother of deceased child Amber Dawson) Counsel for Mr. & Mrs. Hines (parents of deceased child Counsel for Lorie Pacsai and Kevin Garnet (parents of deceased child Kevin Pacsai).

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6	8870		"sepsis" should be "symptoms"
7	8911		"tider" should be "titre"
	9065	_	"infractions" should be "interactions"
8	9067		"gashes" should be "gases"
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Bmb.jc A

-- Upon commencing at 10:00 a.m.

MARY COSTELLO, Resumed

THE COMMISSIONER: Yes. Before we start, Ms. Forster, Mr. Brown, what's your position on the police report?

MS. FORSTER: Yes, sir. Mr. Lamek and Mr. Percival very kindly met with us last night and, first of all, I am satisfied that those items that have been removed have no relevance to the Commission and I have no objection if the police report is distributed.

THE COMMISSIONER: Yes. Mr. Brown?

MR. BROWN: We have no difficulty with having the report distributed to counsel at this point.

THE COMMISSIONER: No, and you are also satisfied that nothing vital has been kept from it, is that it?

MR. BROWN: Well, I appreciated the opportunity of reviewing the matter yesterday with Mr. Lamek and Mr. Percival. Mr. Sopinka is considering the matters that were deleted and I prefer not to give you a definitive answer at this point.

THE COMMISSIONER: Yes, all right.



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At any rate, we can then distribute it to counsel.

Is it available now?

MR. LAMEK: It is copied now but I don't think it is physically here. We can do it after the break at any rate.

THE COMMISSIONER: Yes, all right.

Well, nobody will be cross-examining before the break anyway.

All right, Ms. Cronk.

MS. CRONK: Thank you, sir.

DIRECT EXAMINATION BY MS. CRONK (CONTINUED):

Q Ms. Costello, you will recall that yesterday at the end of the day we were discussing the death of Jordan Hines.

A. Yes.

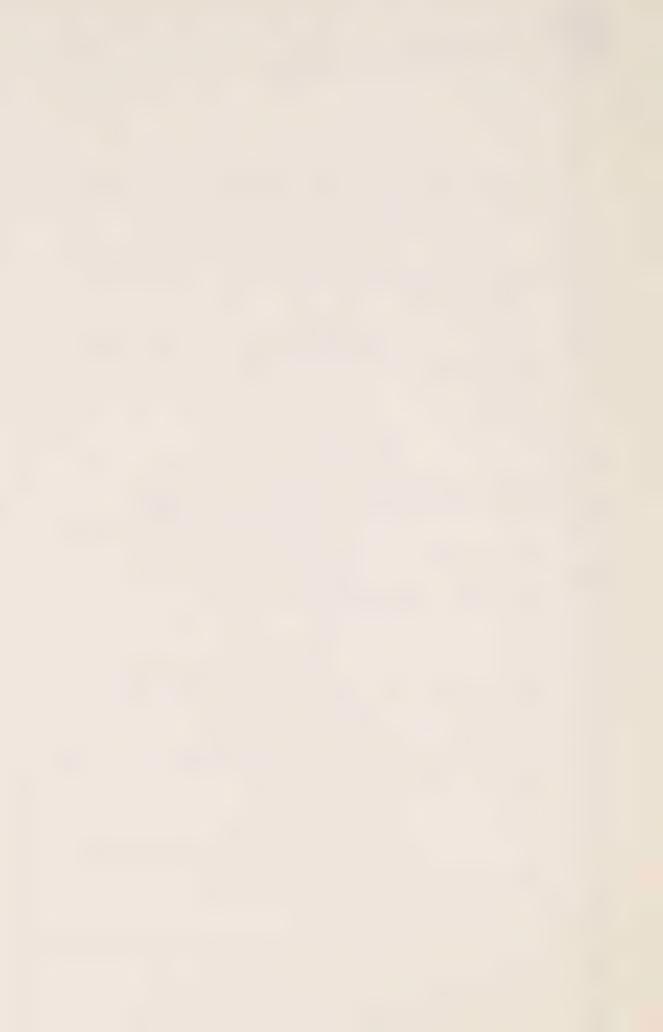
Q. And we know from reviewing the Ward 4B WIN sheets that you were not on duty on the day of his death, that is, March 8th, 1981, nor does it appear that you were on duty the day prior, March 7th. Do I have that correctly?

A. No, I was not.

Q. You were however on duty on March 6th, the day of his admission?

A. Yes.

Q. Did you at any time, Ms. Costello,



on March 6th and following the admission of Jordan Hines to the Hospital, observe anyone administering a dose of digoxin in any form to that child?

A. No, I did not.

Q Did you at any time, be it before or after Jordan Hines' death, have reported to you or otherwise hear of an incident of that kind, that is, the administration of digoxin to Jordan Hines?

A. No, I did not.

Q. To the best of your knowledge,
Ms. Costello, was consideration given at the time of
Jordan Hines' death to the reporting of his death to
the Coroner's offices?

A. It was at some time and I think it was much later and I have learned it much later, like, in the last few weeks. I think it was later, I think they were waiting for a final autopsy report and that it was after other children died or after the investigation of the later children's death that it was reported.

Q. Well, to assist you with that,
Ms. Costello, the prior evidence has indicated that
his death was reported to the coroner on March 24th,
1981. When you came into the Hospital on March 9th,
however, I take it you learned of Jordan Hines' death,



he had been a patient on your ward?

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A. Yes.

Q. Do you recall at that time or in the next several days following his death any discussion as to the reporting of that case to the coroner?

A. No, I do not.

Q. Was it a matter that was raised by any of the nurses on either Ward 4A or 4B with you at that time?

A. No, not that I am aware of.

Q. All right. Could I ask you please if you would turn to Exhibit 32A, and I don't think the witness has that this morning, Mr. Registrar.

In your experience, Ms. Costello, as a head nurse both on Wards 4A and 4B, have you ever personally had occasion to report the death of a patient to the coroner?

A. No, I haven't. I have been satisfied that the doctors have reported it whenever he was concerned.

Q. Do nurses as a general rule, and I am particularly having regard to the nurses on your ward, involve themselves in the decision after a death as to whether or not to call or report the



death to the coroner?

A. I don't think that we ever had occasion to but it is our responsibility to do so if we are concerned and we realize that the doctor has not done so or we consult with the doctor and he chooses not to. If we are still worried we have the right to do so. I don't remember any occasion when we felt that we needed to use that right.

Q. Are you aware of any guideline, be it formal or informal, which existed on the cardiology wards during the nine-month period of time with which we are concerned, which suggested that the death of any patient on either ward within 24 hours of the patient's admission to hospital should automatically be reported to the coroner?

A. Yes.

Q. Was that a guideline in place on your wards?

A. Yes, it was. Perhaps it was in the Policy Manual, I'm not sure.

Q. All right. And did that extend to any patient, regardless of condition, if the patient died within 24 hours of admission to the Hospital?

A. Yes, it did.

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Could you turn if you would please to Tab 14, which is the Ward 4B assignment book and I would ask you to look at the entries if you would please for March 7, 1981 at page 118. Do you have that, Ms. Costello?

A. Yes.

Ms. Costello, again, I would ask you to confirm whether I am reading these entries correctly. I am interested in the Ward 4B staff that appears to have been on the long night duty shift on March 7th. Am I correct that that included Ms. Halpenny, Ms. Reaper, Ms. Frise and Ms. Scott as relief nurse from Ward 4A?

I think a Miss McInnes, a per diem RN.

And was she serving as relief 0. as well?

> Yes. A.

All right. It appears as well that Jordan Hines during the night shift was in Room 431 assigned to the care of Ms. Reaper. Am I reading the entries correctly?

Yes.

Ms. Reaper however at the same time appears to have had responsibility for a number of



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other children, namely, three in Room 433?

A. Yes.

Did she as well have responsibility for the administration of all medications in Room 433?

> Yes, she did. A.

Does the fact that Ms. Reaper had, in addition to the responsibility for caring for Jordan Hines, responsibility for three other patients indicate that Jordan Hines during that night shift was neither on constant care nursing or shared care nursing?

No, he was not. Another indication is that she had patients in another room and duties in another room.

Well, that is my point. any particular nurse is recorded in this book as having more than two patients I take it that she was not on a constant nursing care assignment for any particular patient?

Not constant care, no.

And during the day shift on March the 7th, again reflected in the Ward 4B assignment book, the nurses on duty I suggest appear to have been Ms. Bracewell, Mrs. Lyons, Ms. Harwood-Jones,



Ms. Roman?

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and, in addition to relief nurses, Ms. Palmer and Ms. Werniak, is that correct?

A. In the daytime it was Ms. Roman and in the three to seven period, Ms. Palmer.

Q. I'm sorry, where are you seeing

A. Right there.

Q. All right. Ms. Roman was a relief nurse, a registered nursing assistant?

A. Yes, during the seven to three period and then Ms. Palmer during the 3:30 to 7 period.

Q. Thank you. And the other nurses on duty during the day are as I have suggested?

A. Yes.

Q. And during the day, as I read these entries, Ms. Janet Brownless, a registered nursing assistant from Ward 4A was serving as relief as well on Ward 4B.

THE COMMISSIONER: I'm sorry, where do we see that?

THE WITNESS: I don't see it.

Oh, yes, I do see it.

MS. CRONK: Underneath Mrs. Bracewell's

name.

THE WITNESS: On the three to seven period?



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THE COMMISSIONER: Oh, yes, yes.

MS. CRONK: Q. Well, from what entry did you deduce that she works the three to seven period?

A. This page, which was a separate page in the book, was seven to three, 7:15 to 3:45.

Q. You are pointing to the left-hand side of the page?

A. Yes. Although, on this it was a separate page in the original book.

Q. All right.

A. And then this piece up here at the top of the right-hand is the 3:30 to the 7 period and the bottom is the long night period.

Q. All right. So, do I take it then that the individuals listed on the top of the right-hand side of the page are those that worked the three to seven period on Ward 4B?

A. Yes.

Q. And that included Janet Brownless as a relief registered nursing assistant from Ward 4A?

A. Yes, it did.

THE COMMISSIONER: Are they all, everybody on that page except for the people at the bottom, are they seven to three or are they some other





time? What about Mrs. Lyons, looking at page 118, what period was she working from, seven to three?

THE WITNESS: Seven to seven. Do you

THE COMMISSIONER: Oh, the long day, oh, I see, yes. Seven to three, yes, and the long day would be seven to seven?

want me to show you on this book?

THE WITNESS: Do you want me to show you it? This is seven to three and this is three to seven.

MS. CRONK: Q. I am sorry, Ms. Costello, for the benefit of everyone, the page is divided into two. Could you just repeat for us please, what do the entries on the left page indicate?

A. 7:15 to 15:45.

THE COMMISSIONER: Does that include

Mrs. Lyons and is she from seven to three?

THE WITNESS: She is also on the right-

THE COMMISSIONER: Oh, I see.

MS. CRONK: Q. And then the entries on the bottom right-hand side of the page below the double line reflect those nurses on the night shift?

A. Yes.

hand side, so, she is also three to seven.

Q. All right. Is that always





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invariably the long night shift, the 12-hour long night shift?

A. It is unless it is indicated otherwise. Sometimes you will see, particularly for relief, that it may say one person from seven to eleven and another person from eleven to seven. That would be indicated if it were so.

Q. And during the day, do I have it correctly that Jordan Hines was as well assigned to Room 431 but in this case in the care of Janet Brownless?

A. During the three to seven period he was.

Q. All right. And during the period prior to that he was in the care of Ms. Harwood-Jones, again in Room 431, or can you tell from these entries?

A. Are you talking now about the seven to three period because I read it as Ms. Roman.

Q. Ms. Roman, that is shown on the bottom left-hand side of the page?

A. Yes.

Q. And he was still in Room 431?

A. Yes.

Q. All right. Could I ask you to turn if you would please as well to Tab 13, which is the Ward 4A assignment book; and to page 150 through to 151.



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Again, Miss Costello, if I am reading those entries correctly, it appears on the 7:00 a.m. to 3:00 p.m. day shift were Miss Mandal, Miss Partridge, Miss Cooney and Miss Brownless. Do I have that correctly?

A. I am on the wrong page I think, did you say 150, 151?

- Q. Yes.
- A. Okay.
- Q. Tab 13, page 150.
- A. I made a mistake, I am sorry.

Yes.

Q. Now reading the nurses who were on duty on Ward 4A during the period from 7:00 a.m. to 3:00 p.m. in the afternoon on March 7th, am I correct that they appear to have been Miss Mandal, Miss Partridge, Miss Cooney and Miss Brownless?

A. Yes.

Q. And during the day period from 3:00 p.m. to the end of the day shift, again it appears to have been Miss Mandal, Miss Partridge, Miss Cooney and Miss Brownless, who was serving on relief on Ward 4B, as you have suggested from the hours of 3:00 to 7:00 p.m.

- A. Yes, and Miss Mandal.
- Q. And Miss Mandal, that is

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correct. And the night shift nurses as reflected in the Ward 4A assignment book for that evening appear to have been Miss Nelles, Mrs. Trayner, Mrs. Scott and Mrs. Christie; is that correct?

A. Yes.

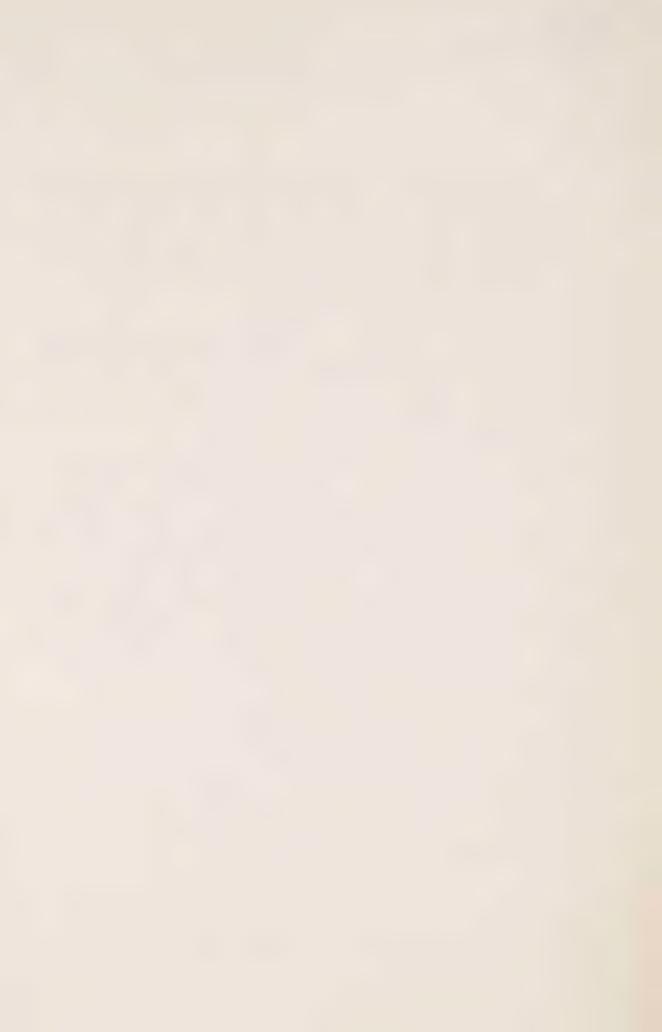
Q. If Mrs. Trayner was the team leader for that particular team of nurses, Miss Costello, can you help me as to why Miss Nelles would be shown in the book as in charge?

A. She probably was in charge and there could be various reasons. I can't explain this particular night. At that period it would not have been for learning purposes. It may have been that Mrs. Trayner was off for a few days prior and Miss Nelles was in charge and continuing that, or they may have chosen to have a change for a little while, that did happen.

Q. Does the indication that Miss Nelles was in charge that evening fairly lead us to the conclusion that she was regarded as the senior nurse on duty that night notwithstanding the attendance of Phyllis Trayner on the ward?

A. Yes.

Q. Did that frequently happen that an individual team member could be in charge



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although her team leader was in fact present?

- A. Not frequently, but it wasn't unusual.
 - Q. Thank you, Miss Costello.

Following the death of Jordan Hines, on March 9th when you returned to duty in the Hospital, or on any day after, did any member of the Ward 4A or 4B nursing teams indicate to you that a dispute had occurred during the resuscitation efforts undertaken for Jordan Hines regarding the type of pacemaker which was to be utilized?

- A. No.
- Q. Do you recall any discussion concerning the events that took place during the resuscitation efforts relative to Jordan Hines?
 - A. Yes.
- Q. Did any of those discussion centre around the procedures that were adopted during the resuscitation?

THE COMMISSIONER: Yes?

MR. BROWN: This was gone into with Nurse Brownless, it is an area of hearsay.

THE COMMISSIONER: Miss Browne.

MR. BROWN: I'm sorry, Miss Browne.

It is an area of hearsay.



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THE COMMISSIONER: Yes.

MR. BROWN: And the nurses who were present at the resuscitation are available as were the doctors, Dr. Costigan and Dr. Rowe. Those questions were not asked of them. I submit this should be put to those present.

THE COMMISSIONER: Why, Miss Cronk, why do you want to get this information, particularly as apparently Miss Costello does not know much about it?

MS. CRONK: I am content to pursue the matter with subsequent witnesses since Miss Costello has told us she did not hear of the incident.

THE COMMISSIONER: Even if she had heard of the incident, I think in light of what we discussed yesterday it would be best, unless she were a person present, not to go into it.

MS. CRONK: Well, sir, I won't debate the point further.

THE COMMISSIONER: Yes. All right.

MS. CRONK: Q. The facts before the Commission, Miss Costello, indicate that apart from the death of Jordan Hines there were a series of other deaths on Ward 4A in the early days of March; on March 6, David Leith died on Ward 4A; on March 8th,



as you know, Jordan Hines; on March 7th, Colleen Warner, and on March 9th, Barbara Gionas; there were four deaths in four days, Miss Costello.

Other than the death of Jordan Hines, was concern expressed amongst any of the Ward 4A or 4B nurses at their meeting on March 11th regarding the cause of death of any of those other children?

A. I wasn't at that meeting.

That is the one in the meeting book of 4A?

- Q. That is right.
- A. I wasn't there I don't think.
- Q. Do you recall when you reported for duty on March 9th being informed by any of the nurses, be it again a member of the Ward 4A staff or a member of the Ward 4B staff, of any concerns regarding the deaths of any of those children other than Jordan Hines?
 - A. No, I don't.
- Q. Are you aware of any issue in the minds of the Ward 4B nurses that was expressed to you as to the timing of death of any of those three other children?
 - A. No, I am not.
- Q. The next child to have died, Miss Costello, on either of the two wards was Kevin



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that time?

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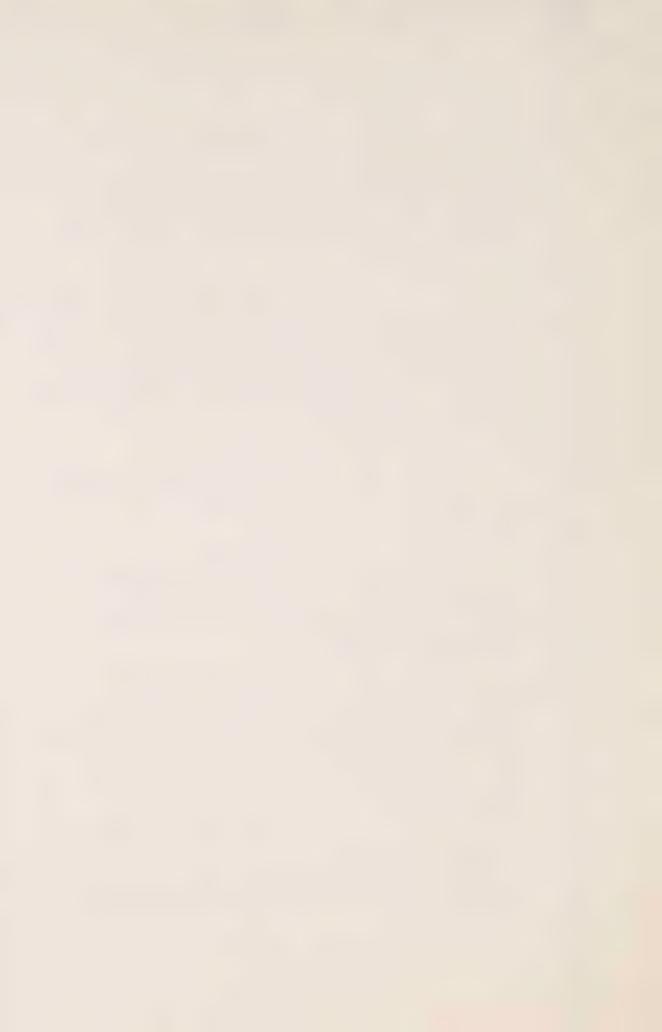
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Pacsai, who died in the Intensive Care Unit on March 12th at approximately ten o'clock in the morning. He was, however, as we understand it, admitted to the Intensive Care Unit from Ward 4B.

- A. Yes.
- Q. He was admitted to Ward 4B according to the entries in his medical record some time in the mid-afternoon on March 11, 1981. To the best of your knowledge were you on duty at the time of his admission?
 - A. Yes, I was.
 - Q. Did you observe the child at
 - A. Yes, I did.
- Q. Can you help us please in your judgment as to the nature of his condition at the time of his admission.
- A. He was admitted with a history of problems of arrhythmia and apnea for investigation. He didn't look particularly ill but that is a serious situation that we needed to observe.
- O. At the end of the day shift on March 11th when you left the ward, Miss Costello, did you regard his condition as being critical?



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A .	No.
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0. Is there a critical patient list maintained, or was there at that time during this nine-month period a critical patient list maintained on Wards 4A and 4B?

What it would be called if they were considered critically ill would be a seriously ill list, a short form SIL, and I think the only place that that would appear would be the report to nursing office at the end of the shift.

> Q. Whose duty was it to complete.

The nurse in charge for each Α.

Is that done each day? Q. THE COMMISSIONER: Oh, the nurse...? THE WITNESS: The nurse in charge for each ward did it in the day shift.

THE COMMISSIONER: That would be the

Head Nurse?

that list?

ward.

THE WITNESS: Yes. I consider myself in charge or whoever I delegated.

THE COMMISSIONER: Yes.

THE WITNESS: And then on the evening and night shifts I think the nursing supervisor



completed it after discussion with the staff on the Ward.

MS. CRONK: Q. Was that list completed on a daily basis for each shift of duty insofar as you are aware?

A. Yes. What it is rather than a list it is a report of relevant data that the nursing supervisors needed to know, so it included admissions, discharges, staffing and any children whose condition needed to be reported, and of course the most important of those would be those on the seriously ill list, which means the same as you say, critically ill.

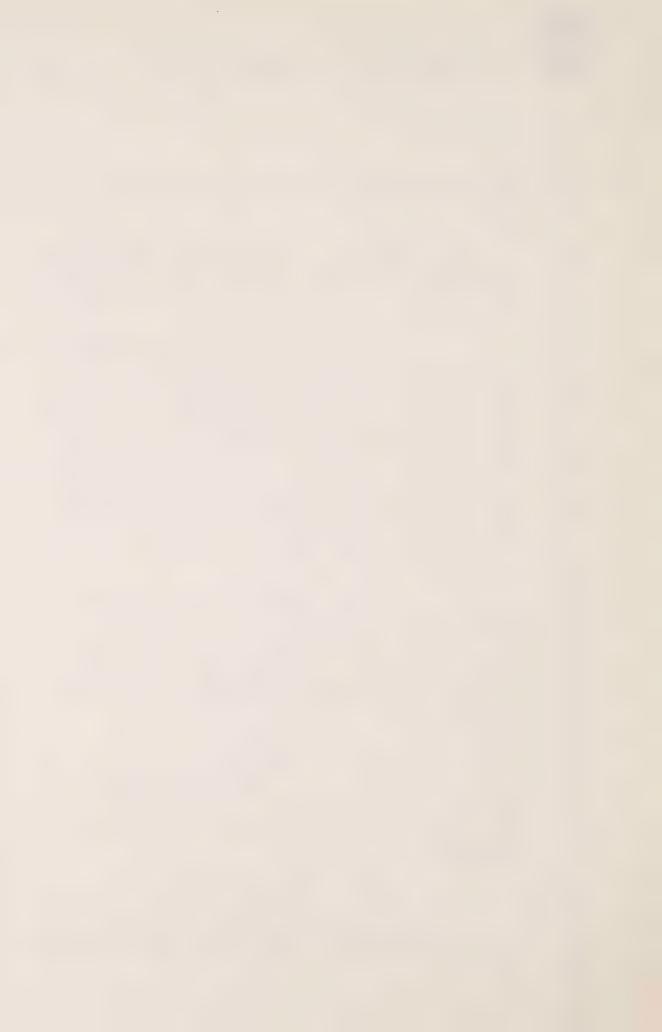
Q. Was one of its purposes therefore to alert, when you went off duty, the night nursing supervisors as to the identity and condition of those patients regarded as being most gravely ill?

A. Yes.

Q. Do you recall whether or not Kevin Pacsai was regarded as such the day of his admission?

A. No, he was not.

Q. I would ask you to turn to the Ward 4B WIN Sheet if you would, please, for March llth.



В9

Yes	•
	Yes

Q. I am interested first in the day shift nursing complement during the day on Ward 4B at the time of Kevin Pacsai's admission.

As I read these entries, Miss

Costello, in addition to yourself, Mrs. Croswell
was on duty, Mrs. Pedreschi, Miss Bracewell, Miss

Frise, Mr. Rudanycz and Mrs. Whittingham. Am I
reading the entries correctly?

A. Yes. And some second-year:
U. of T. students as well. Going back to Diane
Croswell, she would work between the two wards.

Q. What was Mrs. Croswell's position at that time?

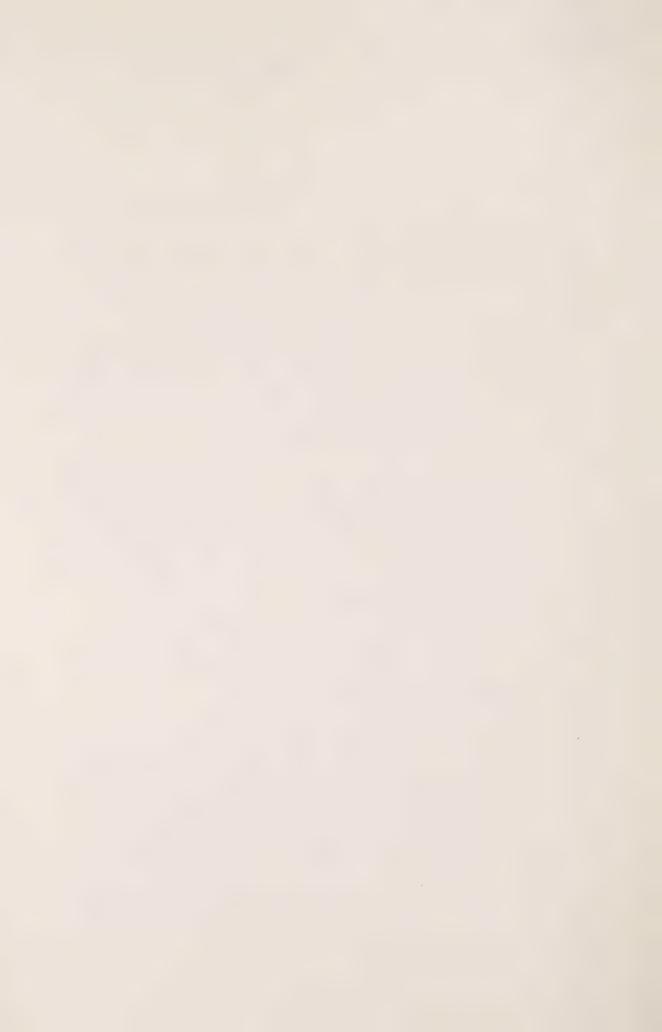
A. Teaching team leader.

Q. So her assignment covered both wards and patients on both?

A. Yes.

Q. When you refer to the University of Toronto students, a second-year student,
did that individual work part of the day? There
appears to be a time indication beside that individual's name.

A. I can read 7:15; I can't read the second part.



TORONTO, ONTARIO

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Q. However, it does not appear that individual worked the long day shift?

> Α. No.

Q. I would ask you to look as well, if you would, perhaps if you could just leave that open in front of you and look at the Ward 4B assignment book, again Tab 14 in the volume beside you, page 126, Miss Costello.



C BN/jf A. Yes.

Q. I suggest that a review of the entries for the nursing staff on duty on Ward 4B during the day, as reflected in the assignment book, does not correspond fully with the entries on the WIN sheet. I draw your attention first to the fact that your name does not appear to be included in the assignment book as having been on duty?

A. No, although I explained to you yesterday that I usually did not write my name. It was the exception if I was not there and then I did write another person's name as in charge.

Q. Can you help me further as to why Mrs. Croswell's name does not appear in the assignment book?

A. She did not have an assignment, and if she was there and there was no assignment, no particular duty written for her, then she was teaching on both wards.

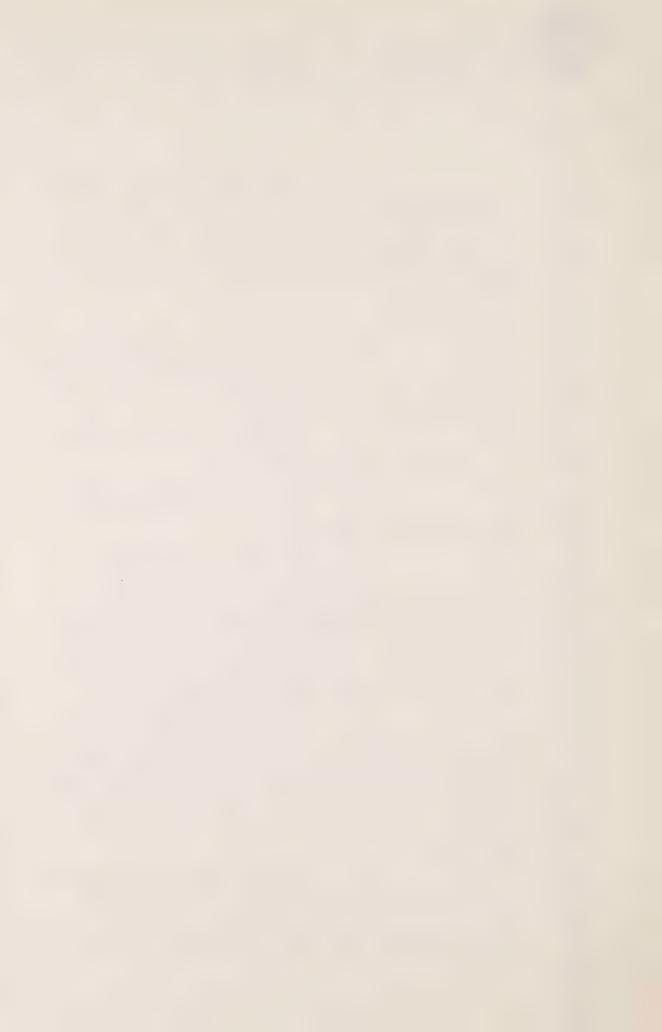
Q. Can you help me why Mrs. Pedreschi's name is not mentioned?

A. She is a unit clerk and did not have patient assignments.



- Q. There does, however, appear to be an entry for Ms. Cooney in the assignment book as opposed to the WIN sheet. She appears to have been relieving on Ward 4B from Ward 4A; is that correct?
 - A. In the 3 to 7 period, yes.
- Q. And her name does not appear on the WIN sheet for that day?
 - A. It would not appear on 4B's; it might appear on 4A's.
- Q. Notwithstanding that she worked on 4B on that day?
- A. No, because we had not computer sophistication at that time to pay relief for where they worked, so we did not--we entered it on the back. It should have been on the back of the page here as who worked relief.
- Q. Does the same not apply to

 Ms. Donaldson? In the 4B assignment book sheet she is
 shown as relieving on Ward 4B from Ward 5C, although
 her name does not appear on the WIN sheet for 4B
 that day?
- A. That is right. Theoretically she would be paid by 5C, but if we had had the sophistication, she should have been paid by us



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and she should have been on the back of the page with the relief staff as well.

0. Would it be fair of me, to suggest, then, Ms. Costello, that in order to determine with any degree of accuracy what individuals were on duty on either Ward 4B or Ward 4A on any given shift, both the Win sheets and the entries in the assignment book should be read together?

It would help to have both. You could do better with an independent WIN sheet if you had the back of it for the relief staff.

0. But for the regular staff that were on duty, one should have regard---

MR. ROLAND: Mr. Commissioner just to assist the process a bit, we did provide Commission Counsel with both sides of the WIN sheets. We have the other side and it shows the information that the witness is talking about.

THE COMMISSIONER: If the back of the WIN sheet has got all the assignments on it, that would help.

MS. CRONK: We are searching for the backs, sir, that is all I can say, and I have no reason to doubt that Mr. Roland is entirely accurate, but we have yet to locate them.



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THE COMMISSIONER: Well, Mr. Roland, having given them, may have taken them back, I do not know, but he says he has them.

MR. ROLAND: No, when we gave the WIN sheets, we gave both the fronts and the backs. They are one document, and it seems the front was reproduced but it was not turned over and xeroxed.

MS. CRONK: Entirely possible, sir, and we are searching for the backs.

THE COMMISSIONER: The whole problem can be solved, though, by a further gift, by him if that is all right.

MR. ROLAND: We are quite happy to co-operate.

MS. SYMES: Perhaps if Mr. Roland would be kind enough to give this witness the copy of the back of the sheet in question.

MS. CRONK: Ms. Costello, you have been provided with, I gather, the back of the sheet for March 11. Are the relief nurses on Ward 4B that day listed on the back of the sheet?

- Α. Yes, they are.
- 0. Was it standard practice to list the relief staff that served any part of the shift on Ward 4B on the back of the WIN sheet for



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that day?

- A. Yes, it was.
- Q. Did that apply, regardless of the ward on which they normally worked?
 - A. Yes.
 - Q. Does your name appear there

as well?

- A. No, it should not.
- Q. It appears on the front of the

WIN sheet?

- A. Yes, it should.
- Q. Do I have it then correctly that the WIN sheet, both front and back, should be a complete and accurate list of all individuals who worked on Ward 4B, in this case, during the entire shift, on March 11?
- A. Yes, if it were not complete on March 11th, I would seek out who worked and find out the answers to complete it before the next day, and definitely to complete it before the end the week.
- Q. Thank you, Ms. Costello.

 Could you look still, then, at the entries in the assignment book for March 11th, and it appears, on my reading of the entries, that Kevin Pacsai was

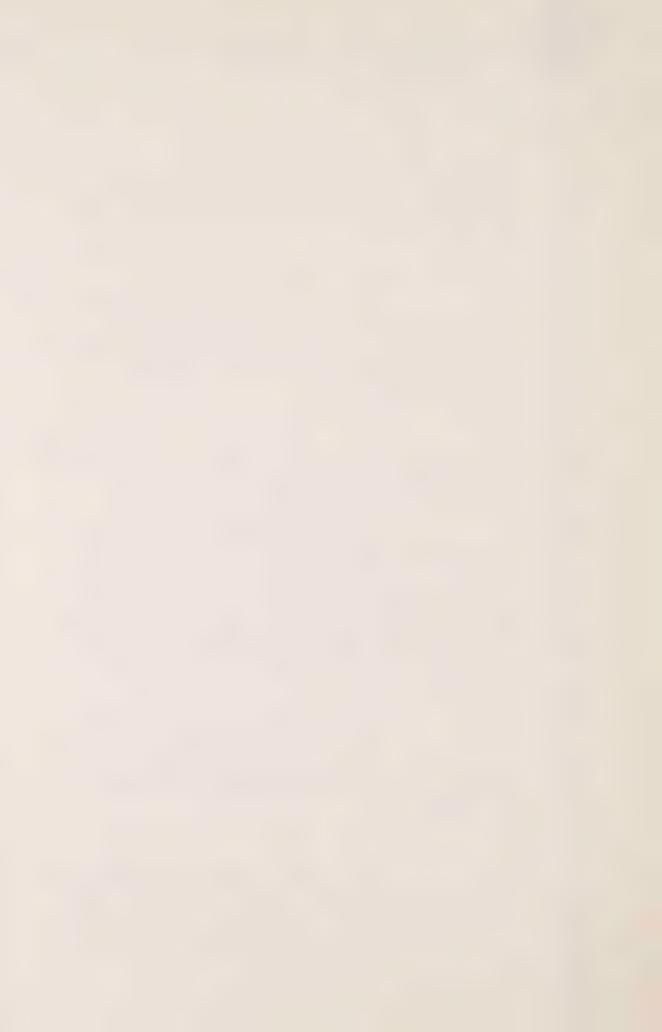
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admitted to room 431 on his admission to Ward 4B in the care initially of Mr. Rudanycz; is that correct?

- A. Yes.
- Q. That individual appears to have had, however, two other patients to care for in the same room--I am sorry, in room 411, a different room?
- A. During the 3:30 to 7 period, he did and I think it was about 3 that Kevin came; during the morning Mr. Rodanycz also had room 410.
- Q. And on duty that evening according to the entries in the assignment book, were Ms. Halpenny, Ms. Harwood-Jones, Ms. Reaper and Mrs. Lyons, and as well, serving as a relief nurse from Ward 4A was Ms. Nelles? Do I have that correctly?
 - A. Yes.
- Q. And that night Kevin Pacsai was still in room 431, this time in the care of Ms. Nelles?
 - A. Yes.
- Q. She, however, appears to have had a number of other patients at the same time?
 - A. Yes, she had four in room





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437 and she was also giving the medications for all the patients in 431.

Q. Now, apart from Kevin Pacsai,

I am interested, as well, in the entries which apply
to Michelle Manojlovich, who was on that day a

patient on Ward 4B. It is our understanding that she
died on the same day as Kevin Pacsai, that is March 12th,
although much earlier in the morning, at approximately
3:30?

- A. Yes.
- Q. Do I have it correctly that the same Ward 4B nurses were on duty during the day with respect to that child, for obvious reasons, as were on duty for Kevin Pacsai?
 - A. Yes.
- Q. She, however, appears to have been in a different room, room 438 in the care of Mrs. Whittingham?
 - A. Yes.
- Q. And Mrs. Whittingham, as well, had a patient in room 439 and two in room 414?
- A. From 7 to 3 she only had the two; from 3 to 7 she had four, yes.
- Q. Quite right. Then that evening, Michelle Manojlovich appears to have been in



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care nursing that evening?

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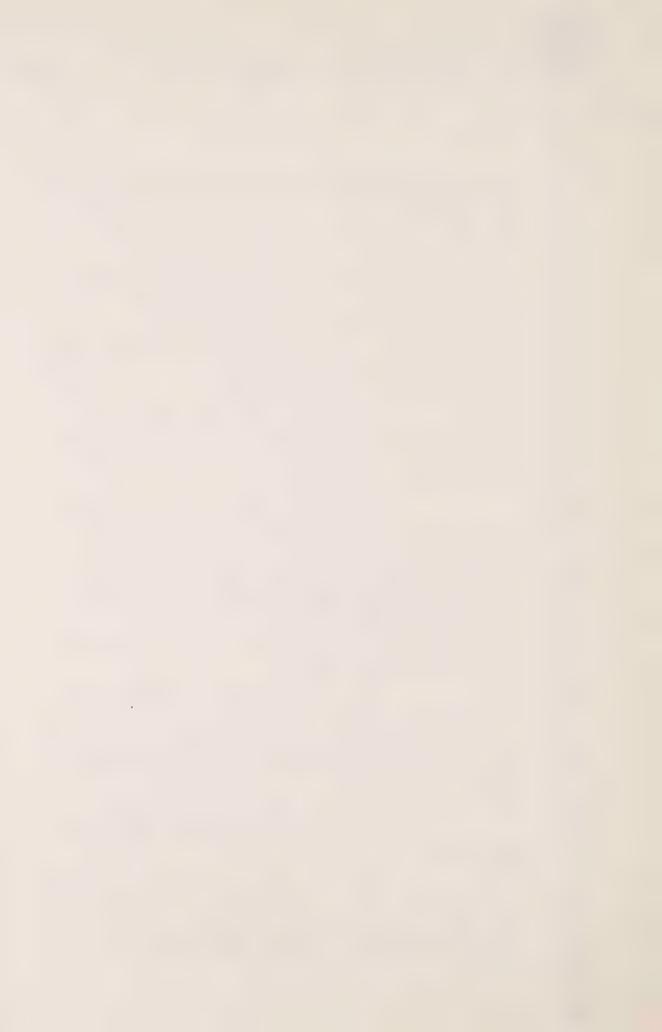
the same room, but this time in the care of Ms. Harwood-Jones? Α. Yes. And Ms. Harwood-Jones had one other patient to care for in room 439? Yes, as well as doing treat-A. ments and medications in room 433. Do those entries, then, 0. indicate that Michelle Manojlovich was on shared

No, she was not on shared Α. care, but she was on a limited assignment, the difference being that if she were on shared care Ms. Harwood-Jones would have had to stay in that room, but Michelle was alone in 438. She was not required to stay with her.

If a nurse is assigned for any particular shift only two patients to care for, is that not shared care nursing, as it was understood, on the wards?

Not unless they were in the Α. same room.

I see. So the fact that these Q. two patients were in different rooms indicates that that child was not on shared care nursing?



A. It probably means if there were two that they needed quite a bit of care or observation or both, but it was not shared care.

Q. Could I ask you as well, please, if you would, to look very quickly at the Ward 4A WIN sheet, again for March 11th?

A. Yes.

Q. I am told that we are going to have to deal simply with the front of the page this time. My friend does not have it today and neither do I, but could we look simply at the entries on the front of the page. I am interested, first, in the day shift on March 11th, on Ward 4A when Kevin Pacsai was admitted, and I take those to have been Mrs. Radojewski, Ms. Ganassin, Ms. Partridge, Ms. Cooney and Ms. Brownless; am I reading that correctly?

A. Yes, and I think a Ryerson student or several Ryerson students.

Q. And that was for, it appears, part of the day?

A. Yes.

Q. And the night shift, according to the WIN sheet entries, appears to have been comprised



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of Mrs. Trayner, Ms. Nelles, Ms. Scott and Ms. Christie?

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Α. Yes.

0. The progress notes in Kevin Pacsai's medical record suggest, as you indicated a moment ago, that he was admitted midafternoon on March 11th, and you have told us that you saw him at that time. Did you, as well, while you were on duty on March 11th, have the opportunity to see and observe Michelle Manojlovich?

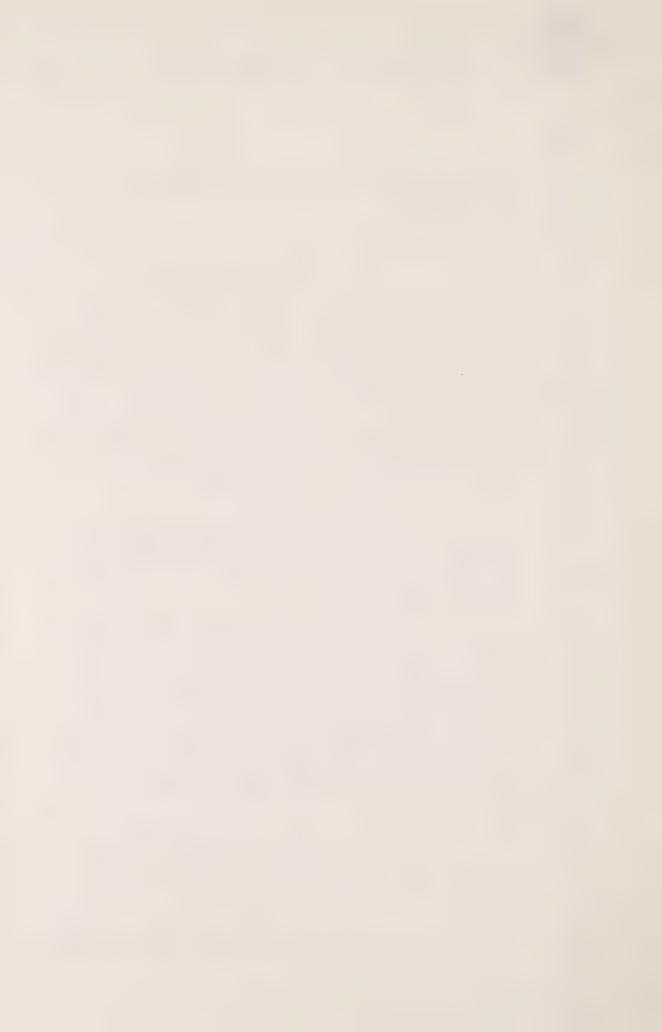
> A. Yes.

Can you help us, please, as to what you felt her condition to be when you left work that day?

Michelle had been considered to be quite ill for a quite a while. She had had a rough course with a lot of problems since her surgery. She was not necessarily considered to be more ill that day than the day before or a few days before, but she was considered to be quite ill.

Was she a patient on the Q. severely ill list that day, as best as you can recall?

> I am sorry, I cannot answer Α.



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without looking at those reports that we do not have.

Q. Well, do you recall,

Ms. Costello, when you left work whether or not you regarded her condition at that time to be grave?

A. Semantics is tangling me up, as it did yesterday. Yes, she was quite ill.

Whether she was critically ill at that moment, no more so than she had been the day before.

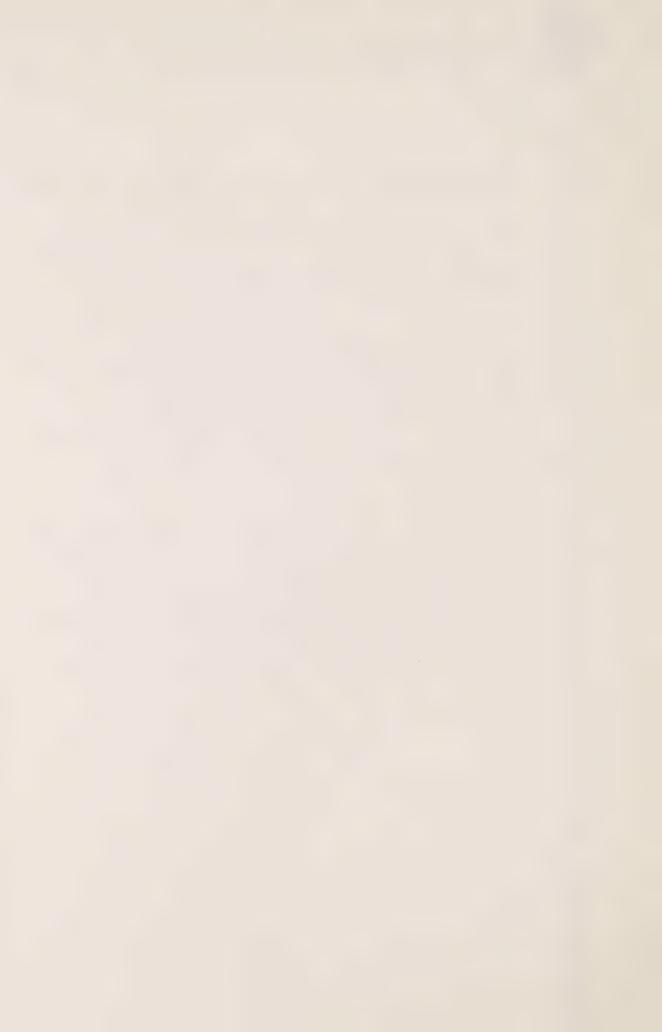
Q. Did you regard her being at imminent risk of death when you left work?

A. No.

Q. May we deal, first, then, with the death of Kevin Pacsai and what you learned when you came to work on March 12th after his death.

I take it that you were told that he had been transferred from Ward 4B to the Intensive Care Unit?

A. Yes.



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And by the time that you Q. arrived on duty he would effectively have been in the Intensive Care Unit but would not yet have died. Do I have that correctly?

Yes, that is correct.

Q. Did you speak directly with any of the Ward 4B nurses who had been on duty during the night as to Kevin's condition when he left Ward 4B?

Yes, I would think to the Α. team leader who gave report, which I have lost again who that was.

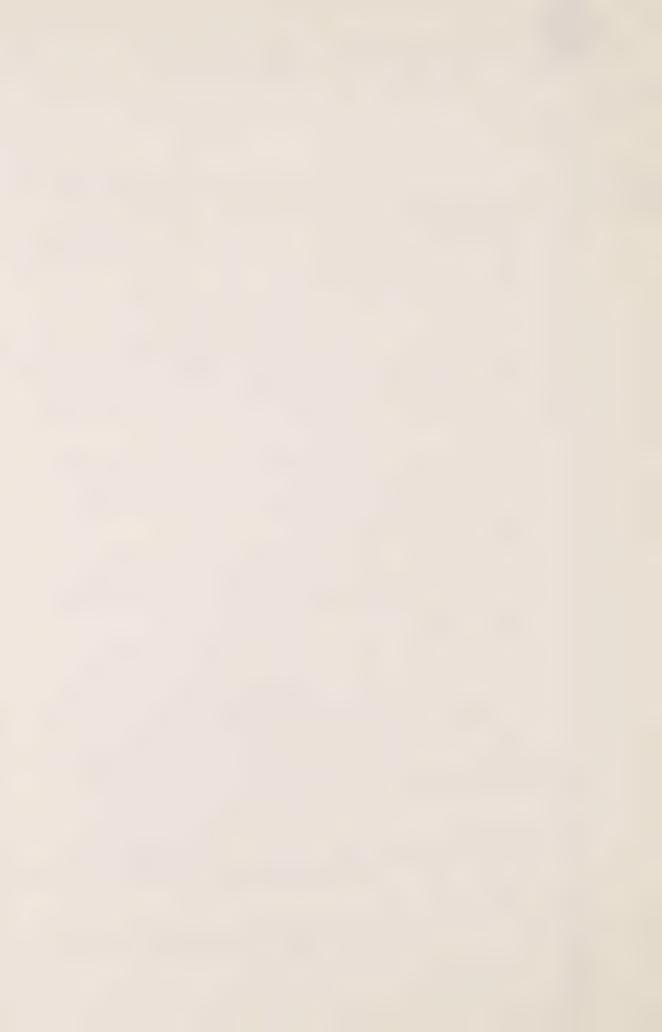
Do you recall speaking to Q. Miss Nelles who had responsibility for Kevin Pacsai that evening?

> No, I don't. Α.

0. Can you help me please as to whether any concerns were expressed by the team leader who gave you report as to Kevin's condition when he actually left the ward and went to ICU?

Oh, yes, she was very Α. upset that this baby's condition had deteriorated. THE COMMISSIONER: Whom are we speaking

THE WITNESS: Pacsai, Kevin Pacsai.



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THE COMMISSIONER: Yes, but who was the team leader?

THE WITNESS: Mary Jean Halpenny, I think.

MS. CRONK: Ω . I'm sorry, she was concerned about his condition?

A. Yes, that his condition had deteriorated overnight, that he had arrhythmias, that he had been quite ill, that he hadn't responded well to the medical treatment and that he had been transferred to the Intensive Care Unit.

Q. Did she describe to you the episode which had occurred on Ward 4B when Kevin Pacsai ran into difficulty and Dr. Costigan was summoned?

A. I am sure she did. I don't have a detailed memory of that now.

Q. Was it suggested to you at any time prior to Kevin Pacsai -- prior to your learning of Kevin Pacsai's death that he may have suffered from digoxin intoxication?

A. No.

Q. Did you have an opportunity when you came on duty that morning to discuss Kevin Pacsai with Dr. Costigan?



A. Not with Dr. Costigan.

Q. All right. Do you recall discussing it with any of the physicians who had been on duty between the hours of 4:00 and 6:00 a.m. that morning?

A. No.

Q. Subsequently I take it that you did learn that Kevin Pacsai had died in the Intensive Care Unit?

THE COMMISSIONER: I'm sorry, you will have to follow that up. You said not with Dr. Costigan and not with any physicians. Did you discuss it with anyone?

THE WITNESS: With the physicians who had been on duty that night?

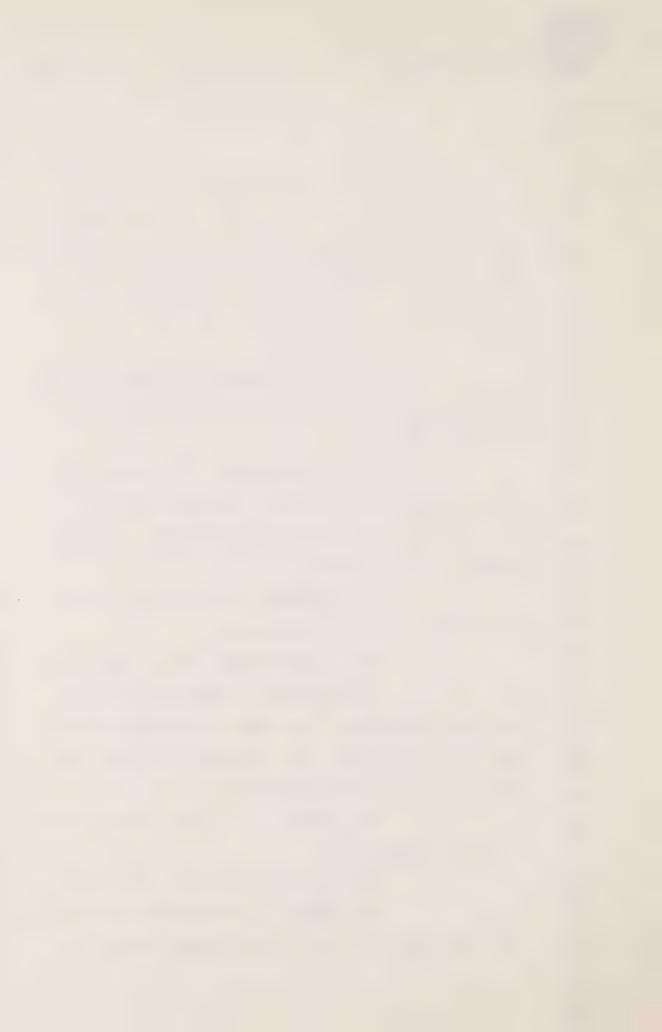
THE COMMISSIONER: Well, with anyone.

THE WITNESS: I discussed it with
Mary Jean Halpenny and at some point I discussed it
with other physicians, Dr. Schaffer being one that
I do remember; later Dr. Fowler.

MS. CRONK: I was going to take it in two stages, sir.

THE COMMISSIONER: Yes, all right.

MS. CRONK: Q. Do I have it correctly then that prior to learning that Kevin Pacsai had



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died in the Intensive Care Unit you had not discussed the possible involvement of digoxin intoxication with any physician or any nurse?

- A. No, I had not.
- Q. And subsequently I take it that you did learn that the child had died in the Intensive Care Unit later that morning at approximately ten o'clock?
 - A. Yes, I did.
 - Q. How did you learn of his
- A. I can just theorize. Usually the Intensive Care Unit telephoned us, but T can't remember exactly.
- Q. All right. Upon learing of his death, do you recall having a specific discussion with Dr. Costigan concerning the manner and time at which that child had died?
 - A. No.
- Q. You have told us however that you did discuss his death with Dr. Schaffer.
- A. Dr. Schaffer came to ask me specifically if I thought there was some reason why Kevin would have an elevated potassium level.
 - Q. When did Dr. Schaffer speak



when.

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to you about the matter?

A. I'm sorry, I can't recall

Q. Do you recall whether it was the same day; was it several days after his death?

A. Very soon after, the same day or the next day, approximately.

Q. During the course of your discussion with Dr. Schaffer, was the possibility of digoxin involvement or digoxin toxicity raised?

A. No.

Q. Was the conversation then restricted to the elevated potassium levels that Kevin had had?

A. Yes.

Q. And was there in your view, based upon your knowledge of his case, an explanation for the elevated levels that he had experienced?

A. There was not but he had an elevated potassium in Hamilton, both at St.

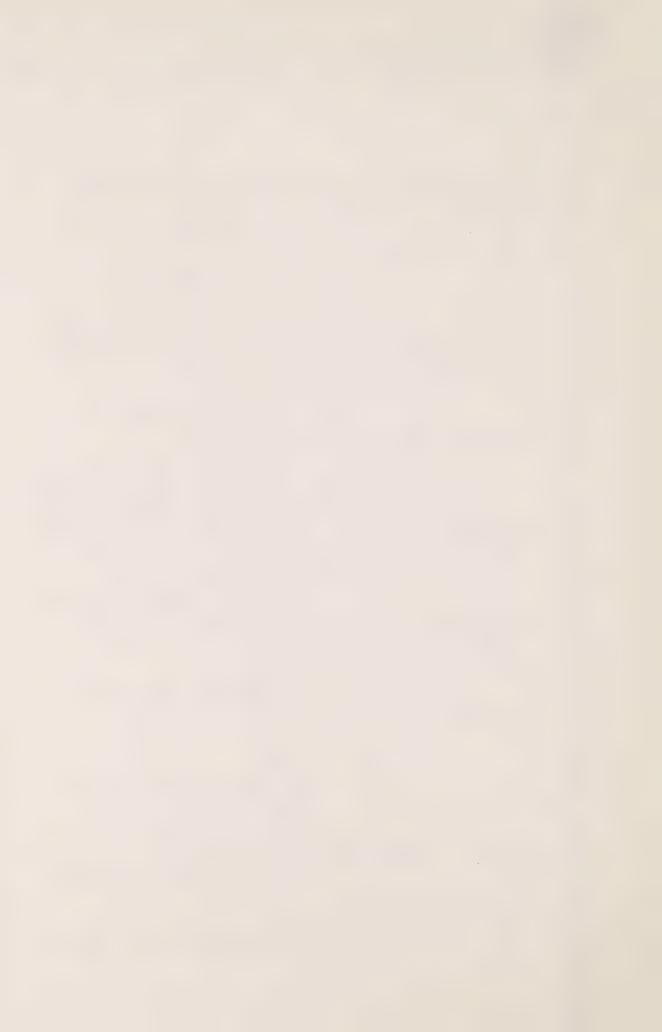
Joseph's and at McMaster Hospital before coming to our Hospital. I am not sure that I was aware of that immediately.

Q. Well, do I have it correctly, Miss Costello, that by the time that you reported for



work on March 11th Kevin Pacsai's medical record would have left the ward accompanying him to the Intensive Care Unit?

- A. Yes, it would.
- Q. At any point on March 11th or thereafter did you have an opportunity to review the medical record of Kevin Pacsai?
- A. Only in the process of getting ready for this investigation.
- Q. You had had limited exposure to that child on the day that he was admitted. What then was Dr. Schaffer asking you to do, if anything, with respect to the elevated potassium levels?
- A. To assess whether I believed there was any way that he could have been given extra potassium.
- Q. And did you enquire into that matter?
 - A. Yes.
 - Q. Of whom did you enquire?
 - A. The nurses, some of the urses. I didn't enquire with them all.
- Q. The nurses who had been on duty the night of the child's death?
 - A. Not Miss Nelles who had him



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in particular. As far as I know she wasn't there the next day and I didn't make a point of calling her.

Q. Did you speak -- you are talking now about the Ward 4B nurses or are you talking about the Intensive Care Unit nurses?

A. Oh, 4B. It wasn't my responsibility I didn't think to worry about Intensive Care Unit nurses.

Q. Did you as part of the enquiries that you were making review the medications that Kevin Pacsai was recorded as having received?

A. Yes.

Q. And what was your conclusion, based both on your discussions with the Ward 4B nurses and your review of the medications that he had received?

A. That he wasn't given potassium.

Q. Did you have a further discussion with Dr. Schaffer after you had made those enquiries?

A. I think I probably reported to Dr. Fowler rather than Dr. Schaffer.

Q. Well, did you make those enquiries in Dr. Schaffer's presence or did you do it



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after his departure from the ward?

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A. No, after.

Q. Apart from his enquiry with respect to the elevated potassium level, did he express any other concern to you regarding the cause of that child's death or the circumstances surrounding his death?

A. Wonder: I don't think that he appeared to be aware of why the child died.

Q. Well, did he express any concern to you or raise any question with you as to the possible involvement of any other medication or drug other than potassium?

A. No, he did not.

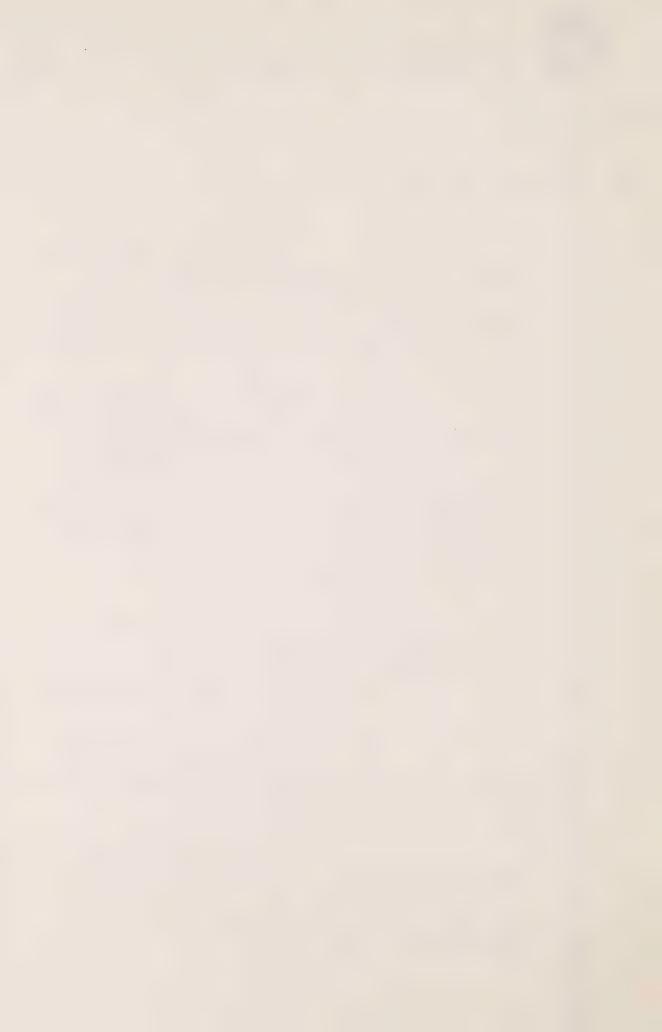
Q. Did he review with you the child's clinical condition?

A. Yes, I think we talked about

• Did he, as best you understood it, regard the death of this child as unexpected?

A. Yes.

Q. Did he, during the conversation that you had with him, indicate that Dr. Costigan was concerned regarding the possible involvement of digoxin in the child's death?



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- A. Not that I can recall.
- Q. Did you have any discussion at any time with Dr. Costigan with respect to that matter?
 - A. No.
- Q. Did you become aware at any time that Dr. Costigan had those concerns?
- A. I know now, I think I learned from reading the record later, much later.
- Q. Were you aware of the fact,
 Miss Costello, that a sample had been taken from Kevin
 Pacsai, a blood sample, on his admission to the
 Intensive Care Unit for digoxin testing?
 - A. Yes.
 - Q. Did Dr. Schaffer inform you
- A. I don't know how I knew;
 I'm sorry, I just don't know.
- Q. All right. Were you aware as well as to the level, the digoxin level, that had been realized when those tests were conducted on the blood sample that was taken in the Intensive Care Unit?
- A. At some point I was, I don't know when and now I don't remember what it was.



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	Q.	During the	e course of your
enquiries	with the Ward	4B nurses	who had been on
duty the r	night previous	ly, did any	y of them suggest
to you that	at digoxin may	have been	involved in that
child's de	eterioration a	s they saw	it on Ward 4B?

A. No.

Q. Was indeed the possible involvement of that drug raised with you by any of the nursing staff at any time?

A. No.

Q. As you understood it, did the Ward 4B nursing staff when they learned of his death regard it as unexpected?

A. Yes.

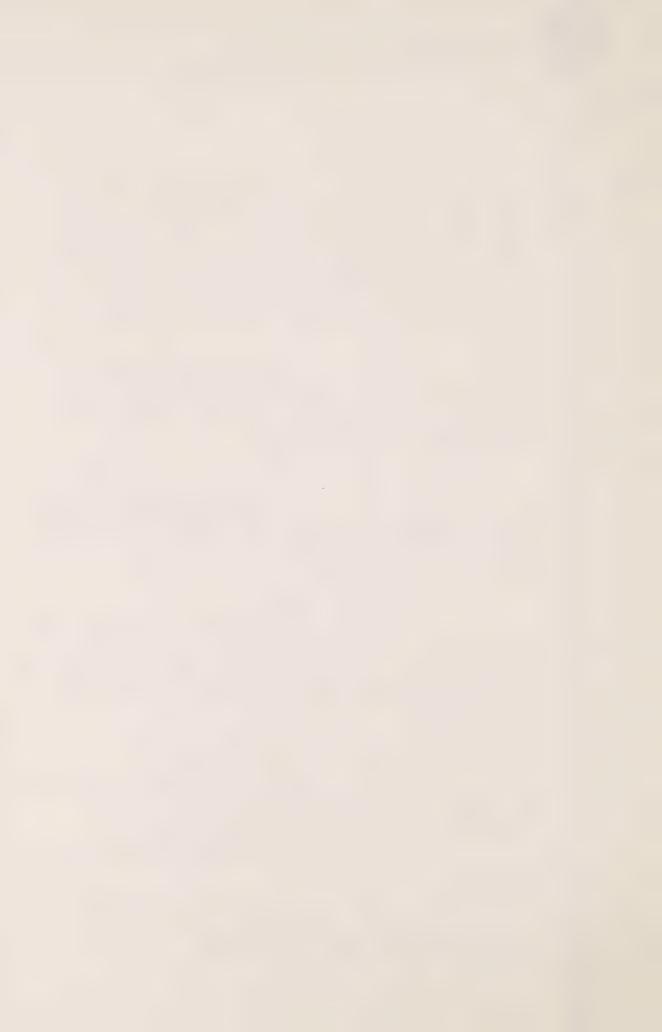
Q. Did you seek, apart from your discussion with Dr. Schaffer, any explanation from any of the other cardiologists as to the cause of that child's death?

A. With Dr. Fowler.

Q. When did you first speak with Dr. Fowler concerning Kevin Pacsai?

A. Probably March 12th, I am

Q. Can you help me as to why March 12th stands out in your mind?



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	Α.	The	day	of	Kevin's	death.
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0. Do you recall telling Dr.

Fowler at that time the results of your enquiries concerning the potassium levels that he had?

In some way I think so. I think that he commented too that he wondered why Kevin's potassium was high; and in response to that, yes.

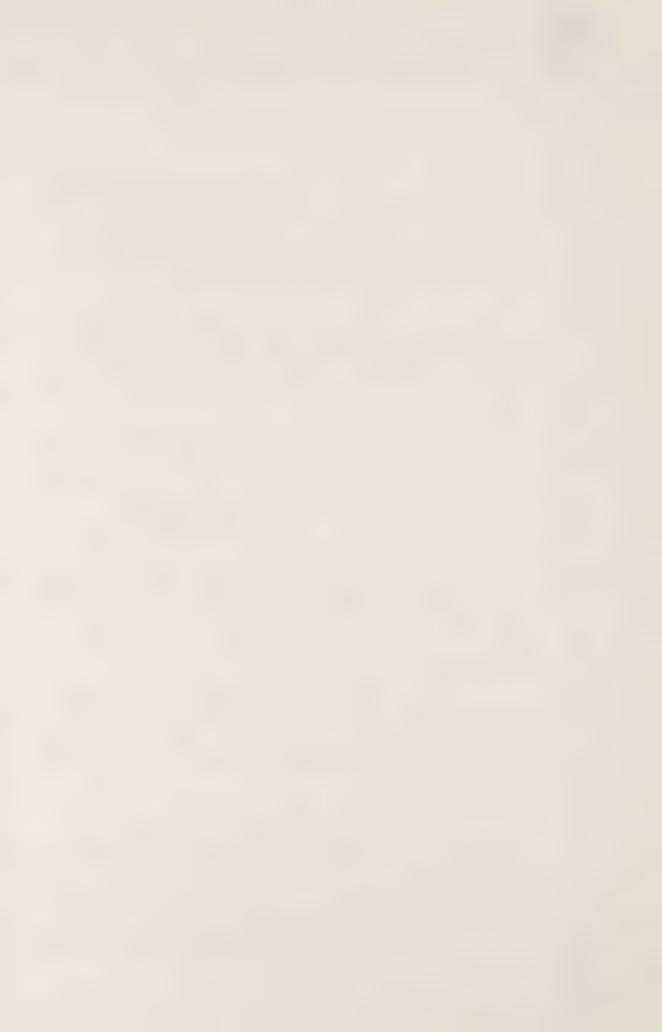
During your discussion with Dr. Fowler was it suggested at any time that digoxin may have played a role in the child's death?

I am not positive of my Α. memory. I think there was some discussion regarding the role of the high potassium and as that interrelated with digoxin, there was a little concern in that direction.

Was it your understanding, 0. having spoken with Dr. Fowler you think on March 12th, that there was an issue as to Kevin Pacsai's digoxin levels?

Α. I wasn't aware of a high level but I was aware of his concern because of the high potassium level, the therapeutic dose of digoxin that he was on might have been magnified in effect.

> What was the result of your Q.



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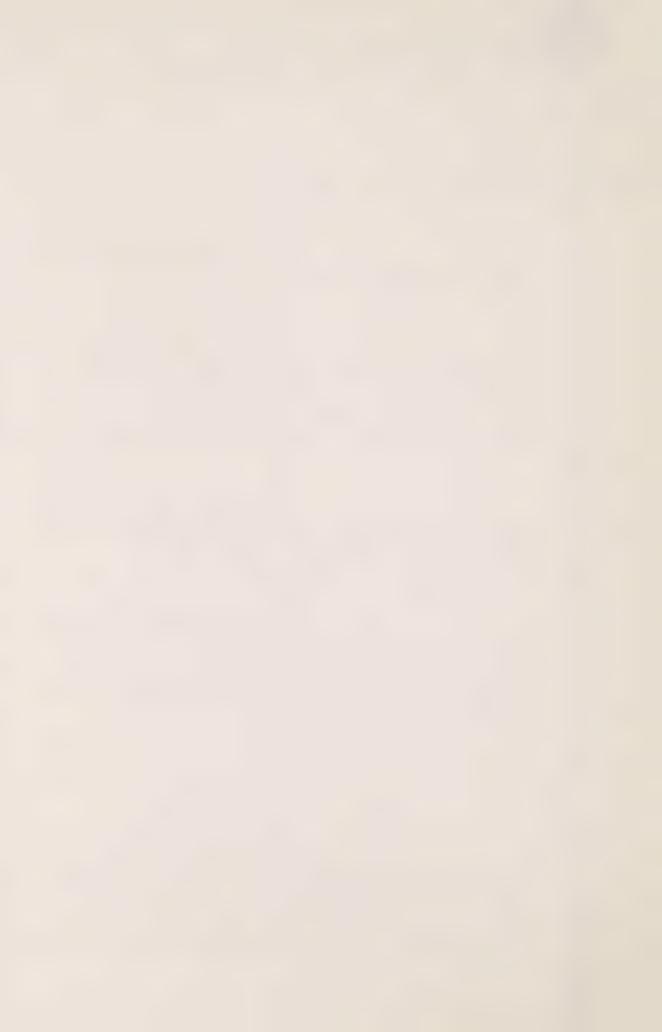
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discussion with Dr. Fowler?

- Α. Worry.
- Q. Did he ask you to make any further enquiries?
 - Α. No, not at that time.
- 0. Did you as part of your review of the medications that Kevin Pacsai had been recorded as having received, review as well the doses of digoxin that had been prescribed for him?
 - Α. Yes.
- And in your judgment, having reviewed those doses, were they appropriate for the child given his condition, weight and age?
 - Yes. A.
- Did you discuss with any of Ω. the individuals who had administered medications to him the administering of the doses of digoxin that had been prescribed for him?
 - Α. Later.
 - And when was that discussed? 0.
 - March 23rd evening. Α.
- Q. So between the time period of March 12th, the morning of his death, and March 23rd, do I have it correctly that you did not discuss the doses of digoxin administered to Kevin Pacsai



with any of the nurses who had been involved that night?

A. No. Perhaps it would help to explain if I tell you that I was on vacation and out of the city from March 16th to the 22nd.

Q. All right.

A. Yes, March 22nd, I think maybe I did hear of it when Liz telephoned me, she told me that Kevin Pacsai had an elevated digoxin level.

Q. All right. Well, I will come back to that conversation in a moment then. But I take it that from March 12th until as best as you can recall it March 22nd you had no discussion with any of the nursing staff who had been on duty as to the digoxin that child had received?

A. No.

Q. Was it at any point suggested to you prior to the evening of March 22nd that he may have received an additional or an excess dose of digoxin?

A. No.

Q. May we turn then to the case of Michelle Manojlovich for a moment. She died the same day earlier in the morning, again on Ward 4B. When you came in to work on the morning of March 12th



you were told of Kevin Pacsai's transfer, were you as well told by the nurse in charge the previous evening of Michelle Manojlovich's death?

A. Yes.

Q. Were concerns expressed to you at that time as to the cause of her death?

A. Not specifically. Yes, in a way, but I think that we knew that Michelle was ill and was in danger of dying, I think. I don't know how to say this without it being misinterpreted but I think there was some surprise she died that night but I think we never can predict when a child will die, and she was one that we thought was at high risk of dying.

Q. You have told us that there was concern on March 12th as to the cause of Kevin Pacsai's death and various other factors that apply to him. Did there seem to be the same level of concern with respect to Michelle Manojlovich's death?

A. The biggest issue around Michelle's death seemed to be concern for her mother who was extremely upset and was not with her when she died.

Q. We have seen that Miss



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Harwood-Jones was assigned responsibility for this
patient during the course of the evening on March 11th
Did you discuss the death of that child with her
when you reported to work on March 12th?

A. I did but I can't tell whether that was the day, I think so.

Q. To the best of your knowledge, was there a concern expressed regarding the way in which that child had died or the timing of her death?

A. No, not particularly. The timing of her death in that it was an awful night, we had two deaths -- or two cardiac arrests and one death.

Q. Was it ever suggested to you that digoxin may have been involved in the death of Michelle Manojlovich?

A. No.

Q. Was it ever suggested to you that she may have received an excessive or additional dose of digoxin?

A. No.

Q. You were on duty the next day as well, as I understand it, that is March 13th; is that correct?

A. I think so, yes.



Q. On that day Kristin Inwood died, again on Ward 4B. When you arrived at work on March 13th were you informed of the death of Kristin Inwood?

A. Yes.

Q. Could you turn if you would please to the Ward 4B assignment book again, this time for March 12th. That is Tab 14, Miss Costello, page 128.

A. Yes.

Q. Am I interpreting the entries correctly if I suggest that the night shift of nurses on Ward 4B the night of Kristin Inwood's death were Miss Halpenny, Miss Reaper, Miss Harwood-Jones and Mrs. Scott?

A. Yes.

Q. Mrs. Scott was relieving

from Ward 4A?

A. Yes.

Q. Kristin Inwood appears to have been in Room 431 assigned to the care of Miss Harwood-Jones?

A. Yes.

Q. Could you turn as well please back to Tab 13, which is the Ward 4A assignment book



was working on 4B.

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entries, page 160-161. Do you have that, Miss Costello?

A. Yes.

Q. The Ward 4A night staff the night that Kristin Inwood died is recorded as being Mrs. Trayner, who was in charge, Miss Nelles, Mrs. Scott and Mrs. Christie. Do I have that correctly?

A. Yes, except that Mrs. Scott

Q. Yes, thank you. Kristin
Inwood, according to the assignment books, had been
assigned to Room 431 during the day on March 12th
as well as during the evening of March 12th. Did you
have an opportunity to observe her before you
completed your day shift on March 12th?

A. Yes.

Q. And how would you describe her condition when you left work that day?

A. Ill but not critical.

Q. Again, not a patient on the seriously ill report?

A. Very young and serious condition of her heart, but, no, not on the seriously ill list.

Q. Not considered to be at



Costello dr.ex. (Cronk)

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imminent risk of dying?

A. No.

Q. Was there in your own mind any particular concern regarding that child when you left work?

A. No.

Q. She was not as I understand it on constant care the night of her death?

A. No.

Q. Were concerns expressed to you on March 13th when you came in to work regarding the cause of that child's death?

A. Yes, regarding the surprise of it mostly.





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Q. Was there any suggestion at that time that the manner in which she had died or the symptoms that she had displayed were unusual having regard to her condition?

A. She had an arrhythmia which at that time was not explained. She had not had her cardiac catheterization, she did not have a complete diagnosis. She should have had a heart catheterization that day had she lived and we would have been more clear what her diagnosis was and what to expect.

Q. Do you recall who expressed concern to you regarding the timing of her death?

A. Specifically the team leader giving report, I don't know whether the other nurses were involved. Later definitely I do remember Mary Jean Halpenny but I don't see that day - it would have been Mary Jean who was in charge that day.

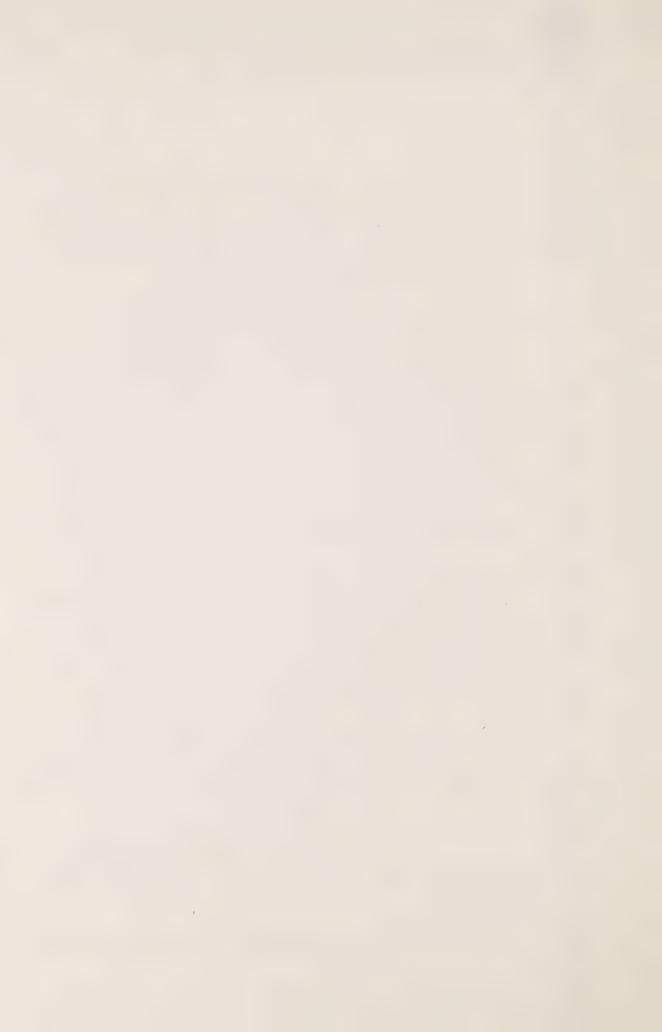
Q. Later you say you do recall

Ms. Halpenny, was that a discussion you had with her
the same day regarding this child, or one after that?

A. Both.

Q. Did she express any concerns other than surprise at the time at which the child had died?

A. That day I think she did express





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that and stress that so many deaths in such a short period, and worry, again like I told you yesterday, did we do everything, was there some way we could have prevented that.

Did she seem to be puzzled in 0. your discussions with her as to why Kristin Inwood had died?

> A. Yes.

As you understood it was that the impression generally of the nurses on Ward 4B?

Yes.

Did you discuss the death of Kristin Inwood with Ms. Harwood-Jones who again had had responsibility for her during the night of her death?

I think she was there in a discussion with Mary Jean Halpenny, I can't tell you specifically.

Do you recall any suggestion having been made to you at any time, on that day or thereafter, by any member of the nursing staff that digoxin toxicity may have played a role in that child's death?

No.

After learning of this series of 0.



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deaths on the ward, there were several who we have seen in rapid succession, did you discuss those deaths particularly with any of the cardiologists other than the discussions you held with respect to Kevin Pacsai?

A. I think that I probably talked about Kristin Inwood whoever was the cardiologist on March 13th, I don't remember who he was, and that was the last day I worked until the 22nd.

Q. Do you recall specifically having done so, or are you assuming that you did?

A. I am assuming that I did talk with the cardiologist that day but I don't remember specifically.

Q. Was any member of the cardiology staff able to offer an explanation which you felt to be adequate as to the cause of death of Kristin Inwood?

- A. Not that day.
- Q. Subsequently?

A. I think that later it was mentioned that she had a very severe coarctation of the aorta and that she needed surgery very soon.

Q. Did you understand that to be an explanation as to why she died at the time that she did?



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A.	Α	possible one.
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We know from prior evidence, Ms. Costello, that Kristin Inwood received a dose of digoxin intended for Kevin Pacsai in the very early hours of March 12th.

Yes.

You aware of that incident you have told us?

Yes.

Other than that incident, did any member of the nursing staff or the medical staff on those two wards ever tell you or suggest to you that Kristin Inwood had received another dose of digoxin in error?

No.

Was there any suggestion that any other medication error might have occurred with respect to that child other than the one that had previously been reported?

No.

By the time Kristin Inwood died, Ms. Costello, there had been seven deaths in 12 days on Wards 4A/B, four of them I suggest closely associated with your own ward; Kevin Pacsai had died having been transferred to the Intensive Care Unit;



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Jordan Hines, Michelle Manojlovich and Kristin Inwood had all died in Ward 4B. Did it occur to you at that time, Ms. Costello, on learning of those deaths that something untoward may have occurred on the wards?

A. Clustering, but no I didn't think of reasoning for it. I was worried and upset and not too happy to go and leave on holidays.

Q. When were you scheduled to go on holidays?

- A. That weekend.
- Q. And you did go on holidays, you have told us?
 - A. Yes.
 - Q. And when was your next day back
 - A. March 23rd.

Q. You have told us that several of the deaths that did occur on Ward 4A/4B were in your judgment and in the perception of the other nurses on the wards as you understood it, unexpected?

A. Yes.

Q. In your mind was there an explanation for the deaths of Jordan Hines, Kevin Pacsai and Kristin Inwood?

A. At that time, no.





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Q. Would it be fair of me to suggest, Ms. Costello, that at the time Kristin Inwood died the tension on Wards 4A/4B having regard to the number of arrests was very high indeed?

A. Very high.

Q. Was there not enormous anxiety about these deaths?

A. Yes.

Q. Was that intensified by the fact that Jordan Hines, Kevin Pacsai, Kristin Inwood had all appeared to die unexpectedly without any apparent explanation?

A. Yes, that is a more tensionproducing type of death definitely than one that is
expected, and yes, the answer is yes.

Q. Did any member of the nursing staff or any physician connected with those two wards after the deaths of those three children suggest to you that it was possible that something untoward had been happening on the wards?

A. No, not at that time.

Q. With the exception of Kevin

Pacsai and your discussion with Dr. Fowler was any
suggestion ever made to you before you left on
holidays that digoxin may have been involved in some
of these deaths?



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A.	No.	

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Did you in your own mind arrive at any conclusion or belief as to what was causing the death of these children at that time?

> A. No, I did not.

Q. Were any steps taken at that point, that is March 12th, the day of Kristin Inwood's death, of which you are aware, by senior nursing representatives to investigate these deaths further?

> A. No.

Are you aware of any action being taken at that time by the physicians or the Hospital administration to inquire further into these deaths?

I think that Dr. Fowler told me that he had called the coroner about Kevin Pacsai's The reason that he gave me was that as he considered it more or less unusual behaviour of the father.

Q. When did you first become aware of the digoxin levels that were recorded on Kevin Pacsai?

- A. March 22nd, evening.
- How did that come about? 0.
- Liz told me on the phone.
- Was that the first time that you Q.



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had discussed any of these deaths with anyone from the Hospital since leaving the Hospital for holidays on March 14th?

> Yes. A.

0. What was the purpose of Mrs.

Radojewski's call to you as you understood it?

There is something very alarming happening on our ward. If I were in your shoes and just coming back from holidays I wouldn't want to walk in on Monday morning to this without having some awareness of it. The Golden Rule, I am telling you things are very unusual so you are a little prepared for it.

I am having difficulty in MR. BROWN: hearing the witness, perhaps she can speak up a bit? THE COMMISSIONER: I am just wondering though, Mrs. Radojewski is being called. If it leads to something that Ms. Costello has done, that is fine, why would we be having what Mrs. Radojewski reported?

MS. CRONK: Well in my submission, sir, having regard to the events of the following day, it is important for you to know what information was conveyed to Ms. Costello on the Sunday evening and what her understanding was of the circumstances that applied on the wards before she went back to



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work on Monday, March 23rd.

THE COMMISSIONER: Well, there has been no objection.

MS. CRONK: There has, sir, and I am responding to it.

THE COMMISSIONER: I am the only person who has objected to it and I won't press it further.

MS. CRONK: I am sure my friends will be on their feet if I traverse into improper water, sirk

Q. Ms. Costello, what did you learn regarding the deaths on the ward as a result of your discussion with Mrs. Radojewski that Sunday evening?

A. I learned that Allana Miller and Justin Cook had died on the weekend.

Q. Did you learn as well the digoxin levels that had been recorded on either or both of those children?

> A. No.

Was any information previously unknown to you provided to you with respect to Kevin Pacsai that evening?

Yes, that there was concern about a high digoxin level in Kevin Pacsai.

Were you in fact informed as



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to	what	his	level	was?
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A. I don't know at what time I was, at some time I became aware that it was 25, it may have been that evening or the next day.

Q. To the best of your recollection was the matter of his digoxin level discussed between you that evening with Mrs. Radojewski?

A. No, there was so much discussion, I don't think, she just told me.

Q. Were you informed as a result of your discussion with Mrs. Radojewski of the involvement of the coroner into Kevin Pacsai's death?

A. Yes, and I think I knew that Dr. Fowler had called him before I left definitely, and that from Liz that there was a coroner's investigation in progress during that weekend.

Q. What did you understand to be the prevailing conditions on the ward as a result of that conversation?

A. Fear, very unusual - are you still having trouble?

MR. BROWN: No.

THE WITNESS: There were unusual things happening. One was that nurses "supervisors" but not the usual supervisors were on the ward



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carrying the keys observing every medication that was drawn up and given by our nurses. Digoxin had been locked up and became a controlled drug. Admissions were cancelled to our ward, both wards. Some patients were being transferred off the ward. No one was able to - no nurse, and Liz in particular, was able to get any answer from anyone why all this was happening.

- Anything else? Q.
- A. That is generally what I remember
- When did you understand the 0. nursing supervisors had begun to attend on the ward to observe the giving of medications?
 - I am not sure, Sunday I think.
- When did you understand that the Q. digoxin on the ward had been locked up?
 - A. Saturday evening.
- During the course of your discussion with Mrs. Radojewski was she able to offer any explanation for the deaths of Allana Miller and Justin cook?
 - No. A.
- I take it then you did report Q. for work the following morning on March 23rd?



day?

A. Yes.

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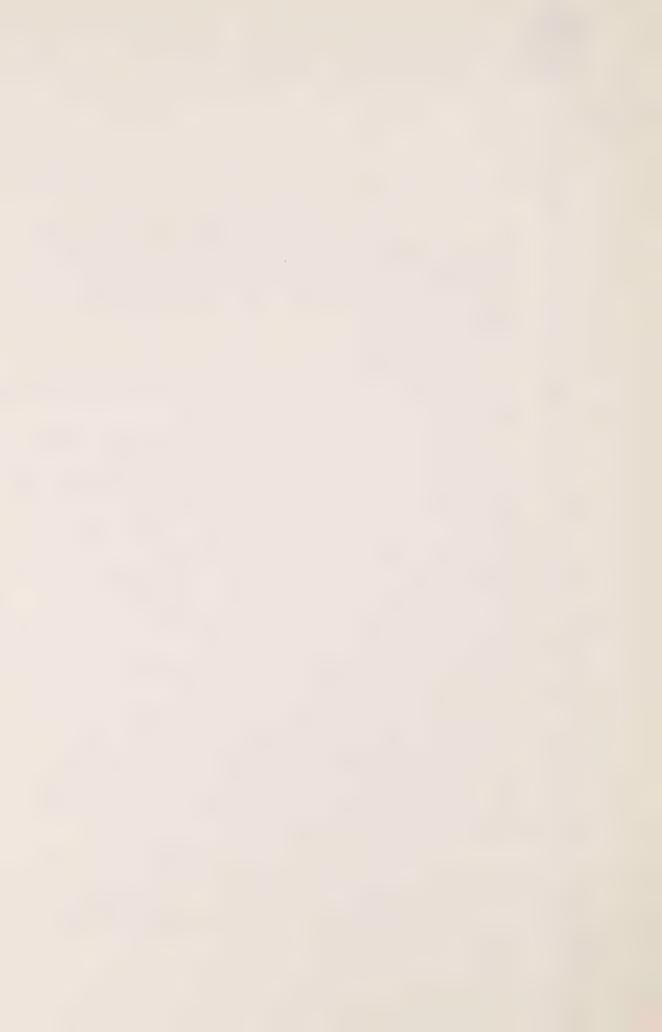
Q. Were you aware upon reporting for work that the Metropolitan Toronto Police, or at least representatives of that Police Force were in the Hospital?

A. No.

Q. Did anything unusual happen that

A. The unusual things that I have just described to you, they were still happening, the staff were very upset and frightened and we had no answers. I met Ms. Geiger, who was our Director of Nursing, and she said - by meet, I mean walked past her, and she said to me, "I will talk to you later in the day about what is happening." I told her that Liz Radojewski had phoned me the evening before and I had some idea. She expressed that she was unhappy about that, she would have preferred that I had not worried about it the evening before. I disagreed, I would have preferred some warning, and that was the end of that conversation.

Q. Were you during the course of the day, or on Monday, invited to attend a meeting with representatives of the Metropolitan Toronto Police Force?





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was,	but	I	was	invi	ted,	it	was	eit	her	de	fin	itely	tol
to me	e or	ir	ntima	ated	that	ı ı	was	goin	g to	o m	eet	with	the
coror	ner d	or	some	rep	reser	nta	tive	of	the	СО	ron	er.	

- Q. Who asked you to do that?
- I think Anne Evans. A.
- Do you recall when that was? Q.
- When she asked me? I believe late morning or towards noon.
 - Q. Did you attend the meeting?
 - Yes, I did. A.
 - 0. Where was that held?
 - A. The south boardroom in the

Hospital.

Q. Who was in attendance at the

meeting?

Ms. Geiger, Anne Evans. A.

THE COMMISSIONER: I am sorry, Miss?

THE WITNESS: Geiger.

THE COMMISSIONER: Who was she?

THE WITNESS: Director of Nursing,

Anne Evans, Assistant Director of Nursing.

THE COMMISSIONER: Is that Miss Evans?

THE WITNESS: Yes. Liz Radojewski and

me and Sergeant Warr.



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	MS. CI	RONK: (). Sergeant	Warr	of	the
Metropolitan	Toronto	Police	Force?			

That is what I realized when he A. introduced himself.

What time did you arrive at the 0. meeting?

A. I can't be accurate, I think it was early afternoon, maybe two.

What did you understand was the purpose of the meeting that you were being asked to attend?

When I came I didn't know what I suppose I intimated that it was it was about. about - it was related to the same thing, the peculiar circumstances on the ward. I thought I was going to visit a coroner and I thought the coroner was investigating Pacsai's death. I didn't know whether the coroner was involved with the other deaths. I know I was asked to bring the WIN sheets and Assignment Book.

May we stop there for a moment, who asked you to do that?

> A. Anne Evans.

That is the Assignment Book for Q.

Ward 4B?



Yes. And Liz brought 4A. A.

Were you asked to bring Q. specifically all of the assignment books, or only one or two in particular? What precisely were you asked to bring to the meeting?

I brought the current Assignment Book, I don't remember how many WIN sheets I brought.



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			Q.	Were) Y	ou	ask	ced	to	bring	any-
thing	else	to	the	meeting	bv	Mi	ss	Gei	gei	?	

A. No.

Q. Did you bring anything else to the meeting?

A. No.

Q. When you arrived at the meeting, was there a coroner in attendance insofar as you were aware?

A. No.

Q. Other than Sergeant Warr, was any other representative of the Metropolitan Toronto Police in attendance?

A. No.

Q. Was Sergeant Warr in uniform?

A. No.

Q. How did you know, then, that he was with the Metropolitan Toronto Police Force?

A. When we walked in he stood up and I think he said Homicide Officer Warr, which was

very shocking.

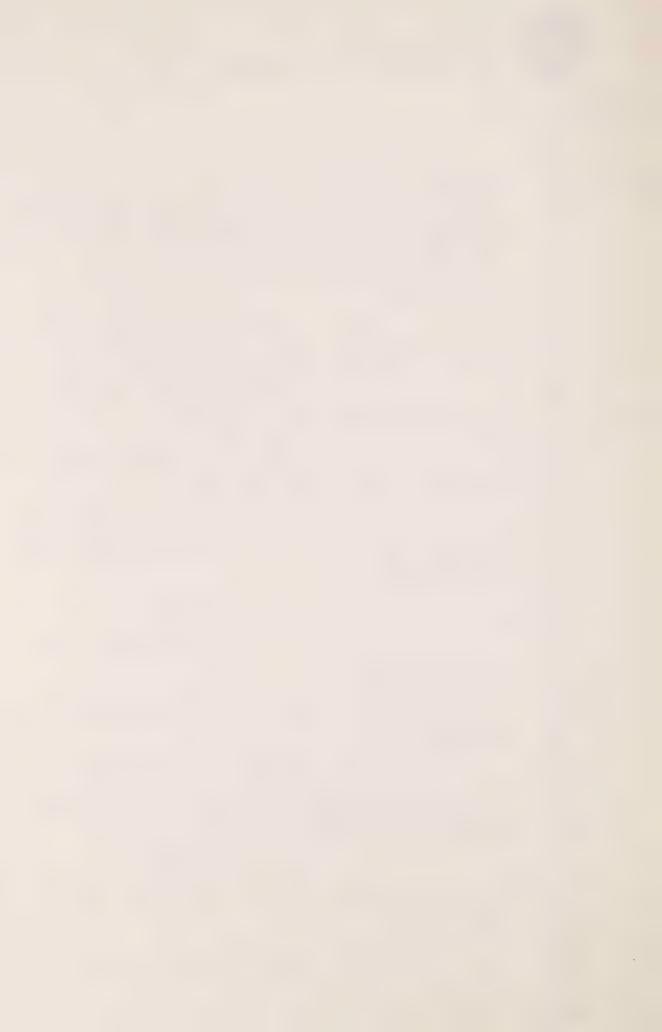
Q. Why was it shocking?

A. Because I had no idea that anyone thought of homicide. I knew what homicide meant, but I wished that maybe I could get to a



dictionary and it would say that there is more than one meaning for it. In the meantime, I have to live with what I think it means, and that is very frightening.

- Q. Did Sergeant Warr or anyone else at the meeting explain why you were there?
- A. I assumed partly why I was there from the questions he asked me.
- Q. Well, what information were you asked to provide at that meeting?
- A. I was asked to read from the assignment books for specific dates given to me by Sergeant Warr.
 - Q. Did you do that?
- A. Yes. I read from 4B's and Liz read from 4A's.
- Q. Do you recall what dates were involved?
- A. I think the only one that I read from 4B's assignment would have been the date of Kevin Pacsai's death, March 11th and 12th.
- Q. Do you recall what dates -the entries for what dates Mrs. Radojewski was
 asked to read?
 - A. March 20th, 21st, I think,



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and the date in January when Janice Estrella died.

Q. Was any mention made of particular children or patients during that meeting?

A. Yes, as I recall, I was aware that the concern centred on Justine Cook, Allana Miller, Kevin Pacsai and Janice Estrella.

Q. How did you become aware of that?

A. Something Sergeant Warr said,
I cannot quote him. Maybe it was that he asked us
to read the assignments that included those patients.

Q. Well, were you asked to read from the assignment book for any other date?

A. No.

Q. Was Mrs. Radojewski asked to read from the assignment book for any dates other than the weekend of March 20th or the day upon which Janice Estrella had died?

A. And March 21st.

Q. I am sorry, the weekend of?

A. Yes.

Q. And the date Janice Estrella died, other than that, was she asked to read the entries for any other date?

A. No.



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0. Did you leave the assignment books with Sergeant Warr?

> Α. Yes.

0. Did you leave the WIN sheets with Sergeant Warr?

> Α. Yes.

Were you asked to provide him 0. with any other information other than reading from the assignment books?

He asked where is digoxin kept, A. where does it come from, how does it get to the ward, where is it stored, who has access to it, where is formula kept, how does it get deliverd to the ward, where is it stored, who has access to it, who has access to the ward in general.

> Anything else? 0.

A. I do not remember other questions. There may have been.

0. Were those questions addressed to you specifically or generally to those who were at the meeting?

Generally, but I think Liz A. and I did all the answering. I do not think Miss Geiger and Anne Evans participated.

> Was Mrs. Radojewski, in your 0.



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presend	ce,	asked	to	provid	e any	other	information
other t	than	what	you	have	outlir	ned?	

- A. Not that I recall, no.
- Q. Were either Miss Geiger or Mrs. Evans asked to provide any information during the course of the meeting?
- A. No, except that the questions were open, I guess, to whoever wanted to answer.
- Q. How long did the meeting last, as best as you can recall it?
 - A. Approximately an hour.
 - Q. Did you leave after an hour?
- A. I left with Liz Radojewski when we were somehow given dismissal by somebody. I do not even know who. I cannot tell you exactly now, but whenever the meeting seemed to end, we left together.
- Q. Were Miss Geiger and Mrs. Evans still at the meeting when you left with Mrs. Radojewski?
 - A. Yes.
- Q. During the course of that hour, did anyone else join the meeting who had not been there at the beginning?
 - A. No.



	Q.	When you were	asked by
Sergeant Warr	or when	those present	at the meeting
were asked by	Sergean	t Warr who had	access to the
wards general	ly, did y	you respond to	that?

A. As I remembered, we both kept saying whoever as we thought of it.

Q. Do you recall what information was provided to Sergeant Warr with respect to that question?

A. Not specifically, but I think we related everyone we could think of who had access to the wards, and I do not know whether this was related to nighttime or 24 hours.

Q. As best as you can recall it during that nine month period who, in the normal course, would have had access to Wards 4A/B?

A. Are you talking about 24 hours?

Q. Yes. Sorry, let us deal with the night shift.

A. All right. In a way no one did not have access because the doors were not locked. It was a public hospital. Anyone could come in at any hour.

Q. Did you tell Sergeant Warr that?



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A. I do not know whether I was thinking clearly enough to say that at that time or not.

Q. Do you recall anyone else telling him that?

A. I am not sure.

Q. Did you recite the types of individuals who would have had access at night to Wards 4A/B?

A. Yes.

Q. Can you recall now who you outlined would have access?

A. We talked about pediatric and cardiology residents, @ardiology fellows, cardiologists, housekeeping, in particular, the garbage collector, the person from nursing office who picked up the NARvel sheets and the census sheets, parents, families, nursing supervisors. That is all that I can think of at the moment.

Q. I take it that the nurses who were on duty on Wards 4A/4B would obviously have access to the ward opposite?

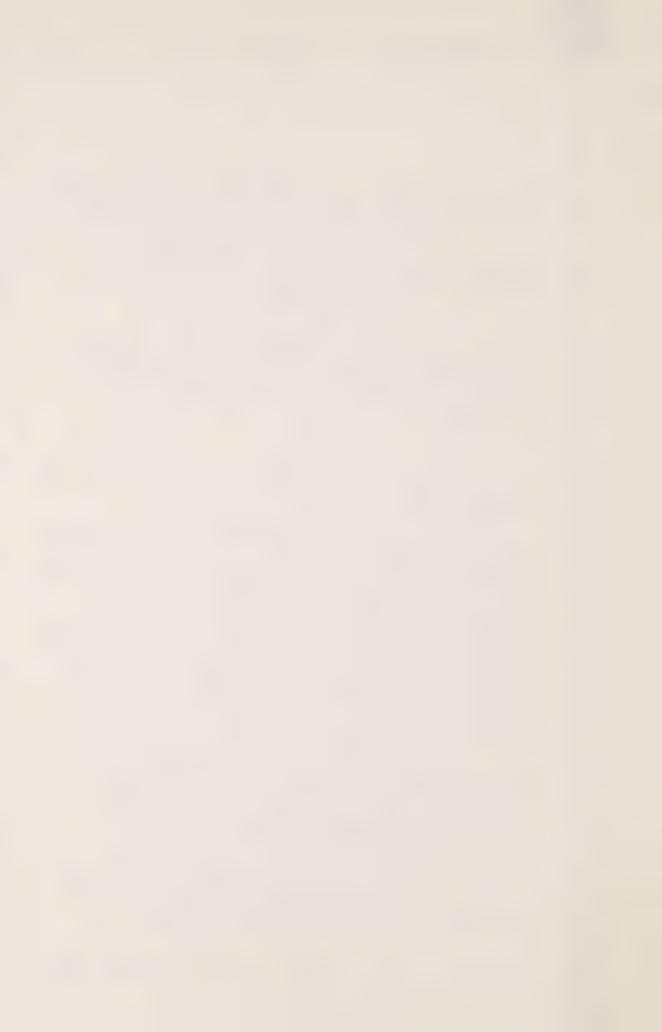
A. Yes.

Q. Would nurses from other wards also have access to Wards 4A/4B at night?

A. Yes.

Q. Would doctors from other wards?

A. Yes.



Q. Would lab technicians	Q.	Would	lab	technicians
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A. Lab technicians did not routinely work at night. They could be called in, but when they were called in, usually they did not come to the ward to collect the specimen. They went to the lab and the specimen was delivered to them.

Q. Would it be unusual, then, to see a lab technician on the wards at night?

- A. Yes.
- Q. Would it be unusual to see a parent on the wards after midnight?
 - A. No.
 - Q. Why was that?
- A. Because we believed in 24 hour visiting for parents if conditions warranted. We did not have the space for every parent to stay 24 hours. Philosophically that would have been good, but the space did not permit.

So parents who have more ill children, more anxious parents, mothers who were breastfeeding, parents of children who did not speak English, many reasons like that or even if the parent just asked to stay, we very often made arrangements that the parent or a substitute person like a grandmother could stay.



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	Q.	And i	f they	did	stay	over	night
be it a pare	ent or a s	urroga	te par	ent,	a sub	stit	ure
parent, was	there a p	articu	lar lo	catio	n on	the	wards
where they s	pent the	night?					

A. Sometimes they stayed right beside the child's bed in kind of a fold-away cot. There also were rooms on 4A towards the west end of the corridor. There was a room ---

Does this help you in Q. identifying the room?

It helps me to find it. This A. one.

> You are referring to Room 427? Q.

Yes, and it had a single pull-Α. out bed where one parent could stay.

> Was there a similar room on Q.

Yes, it was down this corridor A. on the west side and in that there were two single pullout beds.

You are referring to the Q. south corridor?

> Yes. Α.

Was there any other room on Q. Ward 4A in addition to Room 427 that had accommodation



F10

for parents to stay and sleep overnight?

- A. No.
- Q. You told us previously that the residents' sleeping quarters during this time frame were located along the south corridor leading to Wards 4A/4B; do I have that correctly?
- A. Actually not even on the south corridor. They were on the E wing which ran out parallel to the east, parallel to 4B, but from the central elevators position.
- Q. Would any of the residents who happened to be using the residents' sleeping quarters on any particular evening have access to Wards 4A/4B?
- A. Yes, they would not necessarily come through there but they could.
- Q. To the best of your recollection,
 Ms. Costello, were these various categories of
 persons who might have access to the wards at night,
 outlined to Sergeant Warr at your meeting with him
 on March 23rd?
- A. Yes, I was very frightened at that meeting and I do not know if I was as comprehensive as I can be after thinking longer, but I tried the best I could to tell him everything



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I could think of at that time.

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You have told us, as well, that those in attendance at the meeting were asked general questions regarding digoxin. I think you indicated where it was kept, who would have access to it, questions of that nature?

- Α. Yes.
- Was there any discussion while you were at the meeting, as best as you can recall it, regarding the various methods by which digoxin might be administered to a patient?
- I am very unsure of that. I think then at some stage there was consideration of intravenous or nasal gastric tube or oral digoxin, but I cannot be positive that it was at that meeting.
- 0. Was there any discussion at: that meeting, as best as you can recall it, as to the implications of an intravenous line going interstitial?
 - Α. No, I do not recall that.
- Were you asked at that 0. meeting or was anyone else asked in your presence to review specific medical records or medical charts?
 - No, we were not.



subsequently?

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Q.	Were	you	asked	to	do	so

A. No.

Q. Was anyone in your presence at that meeting asked to return at any subsequent point and to provide further information to Sergeant Warr concerning the medical condition of any of the four children who had been discussed?

A. No.

- Q. Was there indeed mention of any other child other than the four that you have indicated while you were at that meeting on March 23rd?
 - A. No, I do not think so.
- Q. What did you understand to be the concern of Sergeant Warr regarding those four children?
- A. Those four cildren's deaths seemed to be related to high digoxin level, and because Sergeant Warr said he was from homicide, he did not tell me, but I assumed that if somebody from homicide was investigating, somebody must think there was intentional something which I think I made up for myself. He did not tell me. If he is worried about how digoxin levels, must be administration



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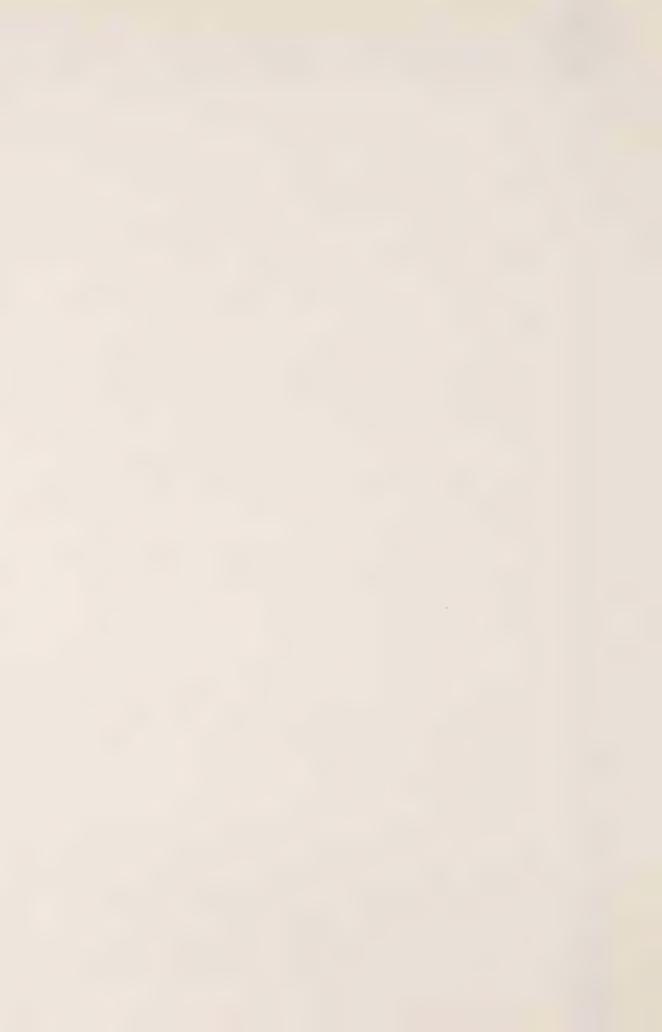
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of digoxin to those babies.

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- Q. How did you know that he was worried about high digoxin levels?
- Some comment, but I cannot Α. quote it.
- Were digoxin levels for any Q. of those four children specifically discussed at that meeting, as best as you can recall it?
- I am not sure whether there Α. were numbers or not. I think I knew that they were extremely high.
- Did you then at that meeting learn that a digoxin level on Allana Miller and Justin Cook had been obtained?
 - Α. Yes.
- And did you learn what the -you have told us you did not learn what the number Did you learn whether the level was high in both of those children?
 - Α. Yes.
- Was it your understanding 0. when you left the meeting, Ms. Costello, that there was indeed a coroner's investigation into Kevin Pacsai's death being undertaken at the Hospital?
 - Α. Well, I was rather confused.



3 4

ask?

I knew that Dr. Fowler had called a coroner. If homicide personnel were in the Hospital, I did not whether it was still coroners had called homicide, they were working together or what was happening. I did not ask, but I was -- that is probably not answering that question, sorry.

- Q. Well, were you told what Sergeant Warr's purpose was in the Hospital?
 - A. No.
 - Q. Did you ask?
 - A. No.
 - Q. Did anyone else at the meeting
- A. No, I think Liz and I were too frightened, and I do not know whether Miss Geiger and Anne Evans already knew.
- Q. Were you given any instructions either by Miss Geiger, Mrs. Evans or Sergeant Warr before you left that meeting?
- A. Sergeant Warr I think was the person who told us to continue the pretext with the ward staff that it was the coroner's investigation of Kevin Pacsai's death, to not indicate to anyone, to any of our staff or to anyone that other babies were involved, that homicide officers were involved.



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THE COMMISSIONER: Other babies

than who?

THE WITNESS: Than Kevin Pacsai.

MS. CRONK: Q. Were you provided with any other instructions or guidelines of any kind as to what you were to do?

A. I think either Miss Geiger or Anne Evans asked one of us to remain until the police had contacted us again because they may want you to accompany them to open people's lockers.

- Q. Were you requested to do that?
- A. No.
- Q. Did you remain at the Hospital after the end of your shift that day?
 - A. Yes.
 - O. For what reason?
- A. For the reason that there was the possibility that I would be asked to do that, but I was not.
- Q. Were you contacted in any way by any representative of the Metropolitan Toronto
 Police that day after your meeting in the afternoon?
- A. No, but I did see Sergeant Warr again, but he did not contact me.
 - Q. You saw Sergeant Warr subsequently



that day?

A. Yes.

Q. Perhaps I will come back to that in a moment.

Can we return to the meeting in the afternoon on March 23rd. While you were there meeting with Sergeant Warr, did you observe at any time a chart in the room containing the names of any particular Hospital personnel?

- A. No.
- Q. Did Sergeant Warr have any documents with him insofar as you could observe?
- $\hbox{A.} \qquad \hbox{He had papers in front of him.}$ I did not look at them.
- Q. Were you at any time during the course of that meeting shown a chart containing the names of any particular Hospital personnel and their hours of duty?
 - A. I the WIN sheets with me.
- Q. Were you shown any documents apart from the ones that you brought in containing that kind of information?
 - A. No.
- Q. Was there any discussion at that meeting by anyone who was present while you were



there regarding any particular Hospital personnel other than the reading out loud of the names of nurses who had been on duty on particular days?

A. Not by name. Another thing that I do remember Sergeant Warr saying or muttering or something was something about a pattern. I was too frightened to try to think for myself what that meant.



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,			Q.		Do	you	recall	specifically
what	was	said	in	that	regar	d?		

A. Just the words "apparent pattern".

- Q. And by whom were they spoken?
- A. Sgt. Warr.
- Q. Do you recall what was being discussed when he made that remark?
 - A. The assignments.
 - Q. I'm sorry?
 - A. The assignments.
 - Q. The assignments of whom?
- A. The assignments that contained the four babies that he was concerned with.
- Q. Are you talking now about the assignment books?
 - A. Yes.
- Q. Was there any discussion as you can best recall it at that meeting concerning the hours of duty or the attendance on the wards of any of the physicians or cardiologists in the Hospital?
 - A. No.
- Q. Apart from reading out loud the names of the various nurses and Registered Nursing Assistants who had been on duty at various times, were



G2

you asked at that meeting to comment upon or provide any information concerning the attendance of other people on the wards other than what you have told us about access?

A. Yes, just access, that is all that I am aware of.

- Q. Were you asked any questions regarding the attendance on the wards of residents, Fellows, staff cardiologists or other Hospital personnel?
- A. No, just the general question about access.
- Q. What did you understand Sgt. Warr to mean when he said there was an apparent pattern?
- A. My fear was that he was becoming aware of a person or persons that would interest him and if they would interest a Homicide officer I guess I was afraid that he was becoming aware of someone whom he suspected as being involved with giving extra digoxin to those children.
- Q. Did Sgt. Warr at any time during that meeting indicate to you that a particular person or persons was regarded as being suspicious?

A. No.



Costello dr.ex. (Cronk)

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Q.	Dia	anyone	at	the	meeting	ask'

- Α. No.
- Q. Was there any discussion at the meeting while you were in attendance regarding the fact that the four deaths that were the subject of the assignment books review had occurred on Ward 4A and in the Intensive Care Unit, Kevin Pacsai?
 - No, I don't recall that. Α.
- 0. Was the location of the deaths a matter discussed at all as best as you can recall it when you were there?
- I don't even recall talking Α. about where Kevin Pacsai died. I do recall it being a matter of relevance to me because he was admitted to 4B and I read from the assignment book who looked after him from his admission until he left the ward to the Intensive Care Unit.
- Was the specific timing of the deaths of any of those four children a matter that was raised at any time at that meeting while you were there?
 - I don't recall that. Α.
- At any time while you were Q. present at the meeting was there a discussion or was the issue raised that many of these deaths of the four



had occurred while members of the same nursing team were on duty?

A. It was not stated. That thought did enter my head because of the reading of the assignments but it wasn't stated by anyone.

Q. Were you asked any questions or was anyone else in your presence at the meeting asked any questions regarding specific individuals who worked on Wards 4A/4B?

A. No.

Q. Was the name of Susan Nelles mentioned at that meeting other than reading out her hours of attendance?

A. I don't think so.

Q. Was the name of Phyllis

Trayner or any other member of her nursing team

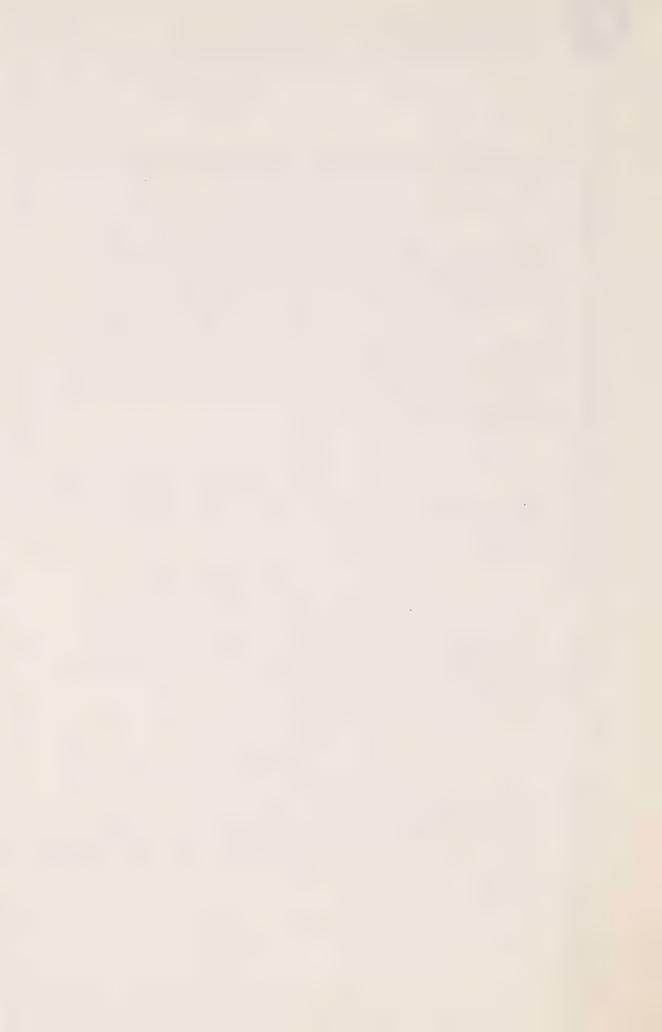
mentioned at that meeting save for the reading out

from the assignment books?

A. No.

Q. Was the name of any member of Bertha Bell's nursing team or Bertha Bell's name itself mentioned during that meeting again other than reading out the hours of duty from the assignment books?

A. No.



7 8

		Q.	Wer	e you	aske	ed any	ques	stions
or was	anyone	else in	your	prese	nce a	sked a	any	
questic	ns reg	arding s	pecifi	c phy	sicia	ins or	card	lio-
logists	who we	ere conn	ected	with	the C	Cardio	Logy	Unit?

A. No.

Q. All right. You have told us as well that you did see Sgt. Warr later in the day, if I understand it correctly?

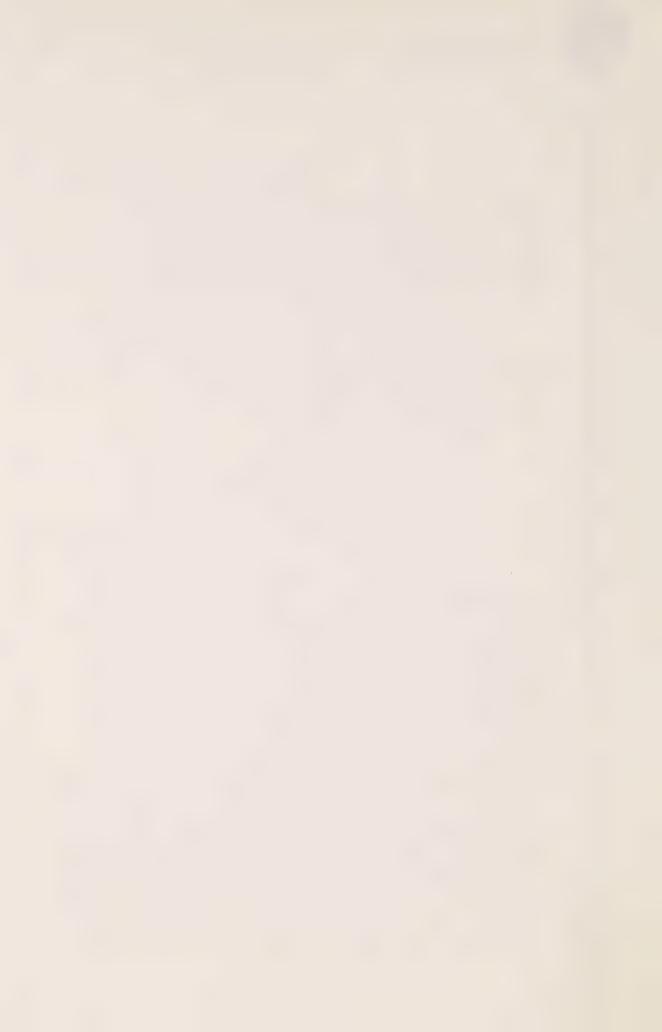
A. Yes.

Q. When was that?

A. 4:00 or 5:00 p.m.

Q. And how did that come about?

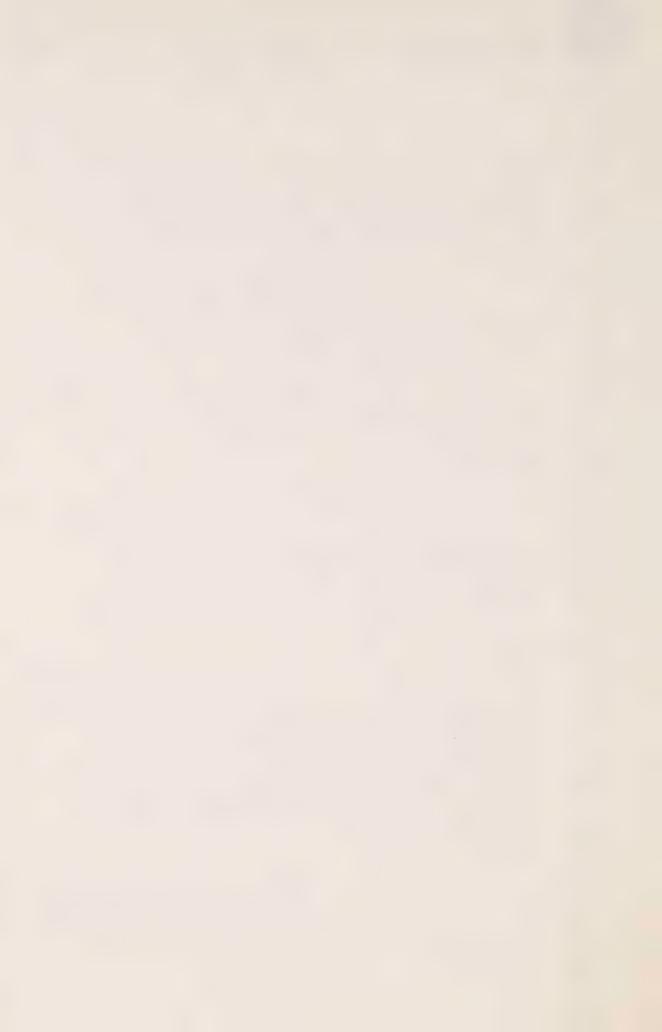
A. A computer sheet, lab sheet, came up with the report of Justin Cook's digoxin level. Routinely those sheets did come to the ward and the clerk had them, she handed this one to me pointing to the level which I think I remember as being 100. I guess my instant reaction was to continue with this pretense that there was no concern about other babies, so I said quickly to her that is an error, I will deal with it. I took the sheet and left hoping that she thought I went to the lab but where I really went was to Administration to ask them where to find the police. I knocked on the door, Sqt. Warr opened it and I gave him the page



now.

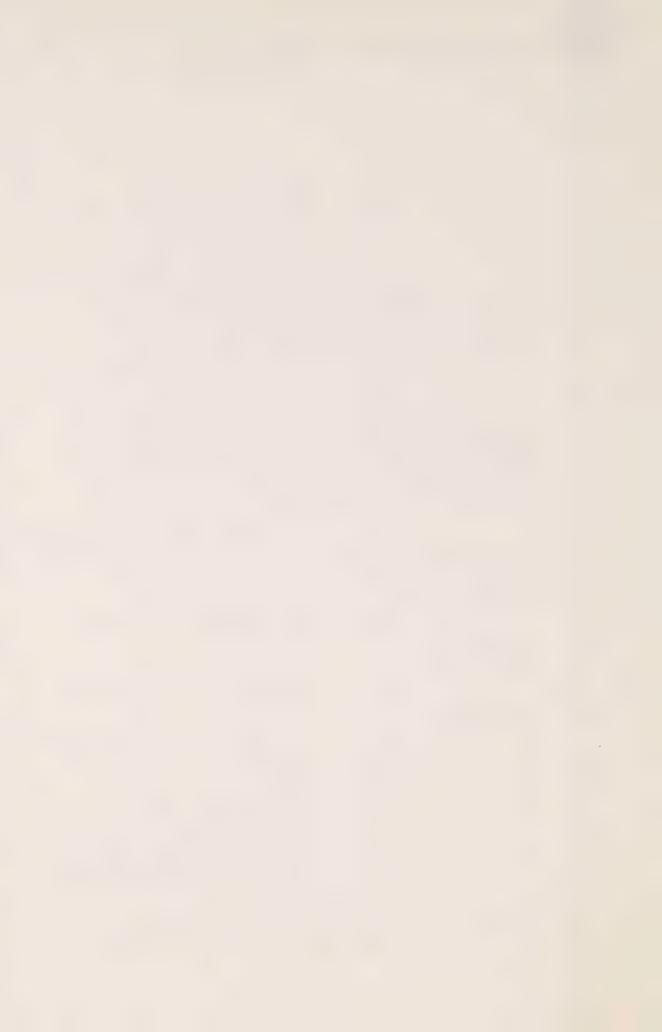
saying, do something with it, I don't want it on our ward, and he said, thank you, and I left. There were other people in the room but I didn't look at them.

- Q. Had you read the computer printout before you took it to Sgt. Warr?
 - A. Yes.
- Q. Were you aware at that time what the level actually was on Justin Cook for digoxin?
 - A. Yes.
- Q. Did you have any discussion with Sgt. Warr when you saw him taking down the computer sheet other than to hand it to him?
 - A. Just what I told you just
- Q. During the earlier meeting in the afternoon had there been any discussion while you were present at the meeting amongst any of those present regarding the possible involvement of any drug other than digoxin in the deaths of those children?
 - A. No.
- Q. Was the matter raised by any of the nurses or the nursing administrators who were present?



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2	A. No.
3	Q. Was it raised by Sgt. Warr?
4	A. No.
5	Q. Was there any discussion while
6	you were at that meeting regarding the clinical
7	condition of any of those four children?
	A. No, I don't think so.
8	Q. As I understand it, you did
9	however attend a further meeting that evening at
10	which the matter of some of these deaths was dis-
11	cussed, do I have that correctly?
12	A. I attended a meeting where I
13	think Kevin Pacsai was the only death discussed that
	evening.
14	Q. When did you leave work on
15	March 23rd?
16	A. Somewhere, 5:00, 6:30, I'm
17	not sure.
18	Q. Was the meeting after that?
19	A. Yes.
20	Q. Where was it held?
21	A. Liz Radojewski's home.
	Q. What was the purpose of the
22	meeting as you understood it
23	MR. PERCIVAL: Would this be a



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convenient time? I think my friend is going to be into this for some time. I would rather not have this broken.

THE COMMISSIONER: Yes, all right.

MS. CRONK: I am glad to have my associates looking out for me. That's fine, Mr. Commissioner.

THE COMMISSIONER: Well, we will take twenty minutes now then.

--- recess.

--- on resuming.

THE COMMISSIONER: Miss Symes, you can take as long as you like with the break but I would just as soon as you didn't do it with the witness in tow. Do you understand that?

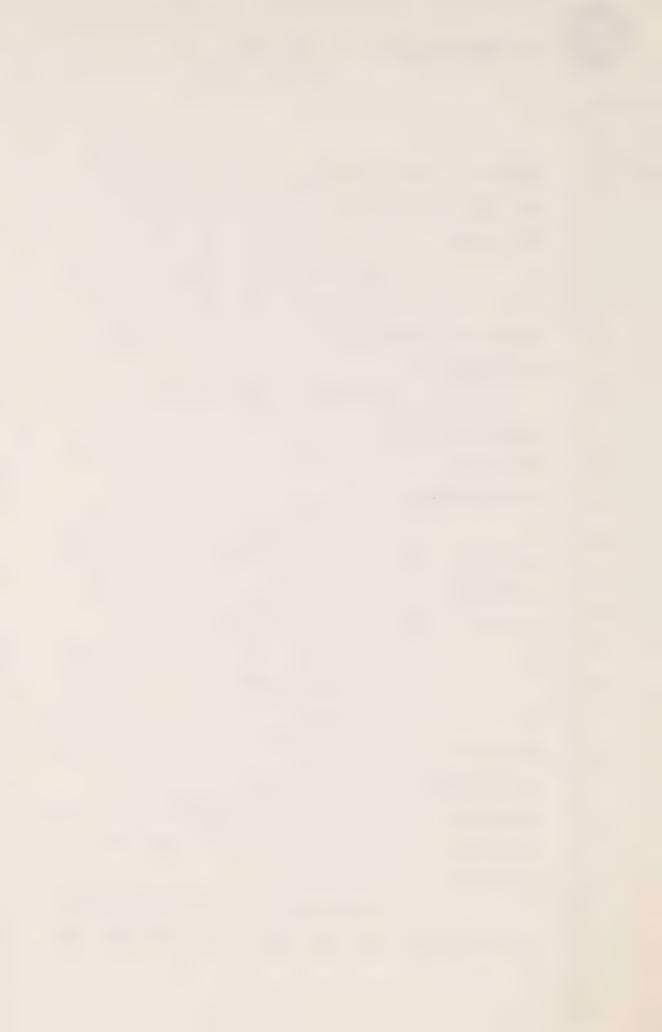
MS. SYMES: Yes, I apologize, sir.

THE COMMISSIONER: Yes, all right.

MS. CRONK: Q. Miss Costello, before we return to the subject of the meeting that was held on the evening of Monday, March 23rd at Mrs.

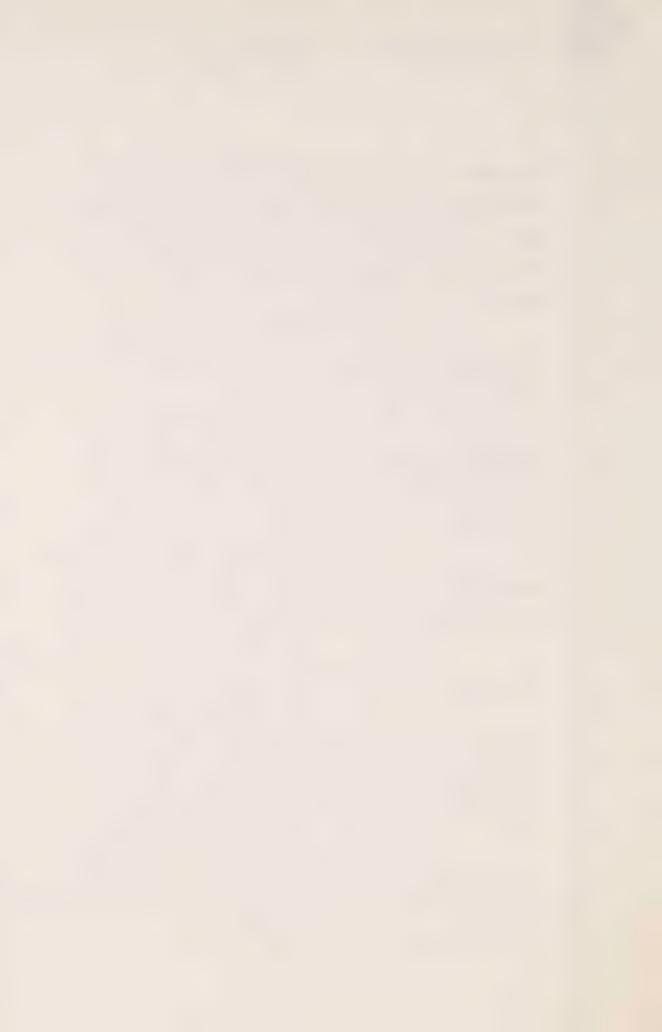
Radojewski's house, there are two other brief matters concerning the meeting earlier in the day that I neglected to ask you previously.

Can you tell me first when you left the meeting that you had been at with Sgt. Warr and



the others that you have described, was it your understanding that one or more specific individuals were under suspicion in connection with the four children whose deaths had been discussed at the meeting?

- A. I felt very worried that those names whom I had read out of the assignment books were, yes.
- Q. Was anything said at the meeting by anyone which led you to conclude when you left the meeting that one or more specific individuals were considered as suspicious?
- A. Not by name but his muttered comment of an apparent pattern probably translated for me that he was suspecting one or more people.
- Q. Was that the entire basis for your conclusion in that regard?
- A. Yes, and the fact that he was from Homicide. So that is what they would be looking for, that would translate it, and that is what I was afraid they would be looking for.
- Q. When you left the meeting and returned to Ward 4B, did you at that time discuss with any members of the nursing staff what had occurred at the meeting you had attended?



G10

	A.	No, we	continue	ed the	pretext
that we had met	with the	Corone	er about	Kevin	Pacsai's
death and we did	dn't give	any de	etail.		

Q. Did you indicate to any members of the nursing staff that you had in fact not met with the Coroner but rather with a representative of the Homicide Division of the Metropolitan Toronto Police Force?

- A. Definitely not.
- Q. Was there any discussion when you returned to the ward concerning the deaths of Janice Estrella, Allana Miller or Justin Cook?
 - A. No.
- Q. You had begun earlier to tell
 me about the meeting that was held Monday evening
 at Mrs. Radojewski's house. Can you tell me please
 what you understood the purpose of that meeting to be?
- A. We all perceived we were in a very frightening situation, that somehow we had to carry out our professional duties no matter how frightened we were, that our customary way of dealing with things was to talk and see how we could support one another, see how we could plan to deal with it and that's what we planned to do at that time. Liz and I were aware that we would have to continue the



pretext of a Coroner's meeting and that we would have to do our best to listen to the concerns of the staff and to help them feel supported but without divulging what we knew, that they were in even worse trouble than they thought they were.

The staff also were rather angry at The Hospital for Sick Children because, as they perceived it, these "supervisors" had been imposed on them. The admissions were cancelled from our ward, babies, children were being transferred from our ward. All that made them feel that they were being suspected by the Hospital. They were frightened by that, they were angry by that, what's the matter with the Hospital, we didn't do anything wrong, why are they suspecting us, why are they putting these controls on us, we don't like that, we resent that the Hospital did that.

I think Liz and I felt that in order to continue to function appropriately we must try to help them to understand that it wasn't the Hospital's fault, that if there was something suspicious, such as, well, we could say Kevin Pacsai's death being investigated by the Coroner, the appropriate thing the Hospital could do is to involve the Coroner and carry on with whatever investigation the Coroner



G12

. .

said and that this was appropriate from the point of view of the Hospital and in fact our best protection even though it was the most frightening thing happening to us.

Q. Whose idea was it, Miss Costello, to hold that meeting?

A. I think it was probably mutual from the staff expressing need for support and our realizing they needed it. So, it was probably Liz Radojewski's and mine and the staff all combined.

Q. Do you recall specific members of the nursing staff requesting that a meeting be held?

A. No, I just recall everybody being terribly upset and frightened and quite happy that we would have a chance to get together and see what we could do about support. I guess as Head Nurses, as leaders, Liz and I were expected to do something about supporting them, and Janet Bead and Carol Putherbough as clinical specialists were expected to do something about supporting them, and we hoped to be able to support each other.

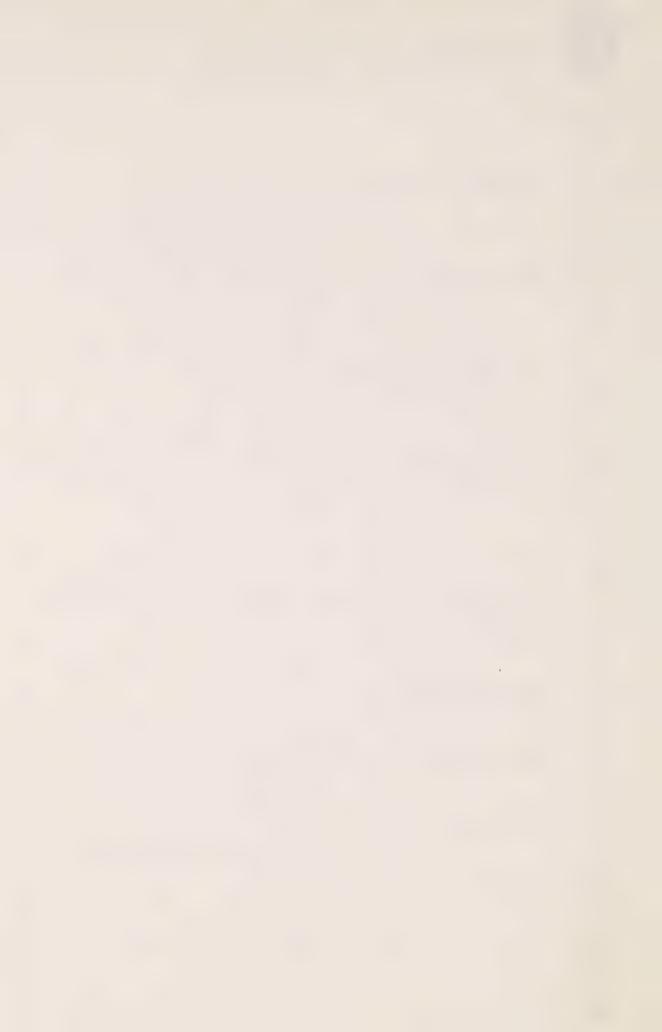
Q. When was the first time you had discussed with Mrs. Radojewski the possibility of



1 2 G13 holding this meeting? 3 Monday morning, I think. Α. 0. Had you discussed it before 4 you were asked to attend the meeting with Sqt. Warr? 5 Α. Yes. 6 And had you decided at that 0. 7 point that you would hold the meeting? 8 Α. Yes. 9 Who was in attendance at the 0. meeting as best as you can recall it, Miss Costello? 10 Can I look at notes? Α. 11 Q. Yes. 12 I made a list of who was in Α. 13 attendance a few weeks afterwards, I am not sure that 14 it is accurate. 15 Q. Could I ask you what notes 16 you are referring to? 17 The same notes that I made A . from my personal memory around the Ist of April. 18 Are these the notes that have Q. 19 been marked as Exhibit 309? 20 They are some kind of an Α. 21 exhibit. 22 Yes. Q. 23 Α. Yes.

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Q.	You	are	referring	to	what	page?

Α. Four.

All right. And who was at Q. the meeting according to your recollection?

Diane Croswell, who came late, CarolPutherbough, Janet Bead, Bertha Bell, Karen Power, Angela Basciano, Leslie Pressnail, Meredith Frise, Mary Jean Halpenny, Liz Radojewski, Marie Mandal, Susan Nelles, Phyllis Trayner, myself and in my notes I put plus and a question mark meaning that there were probably others I didn't remember.

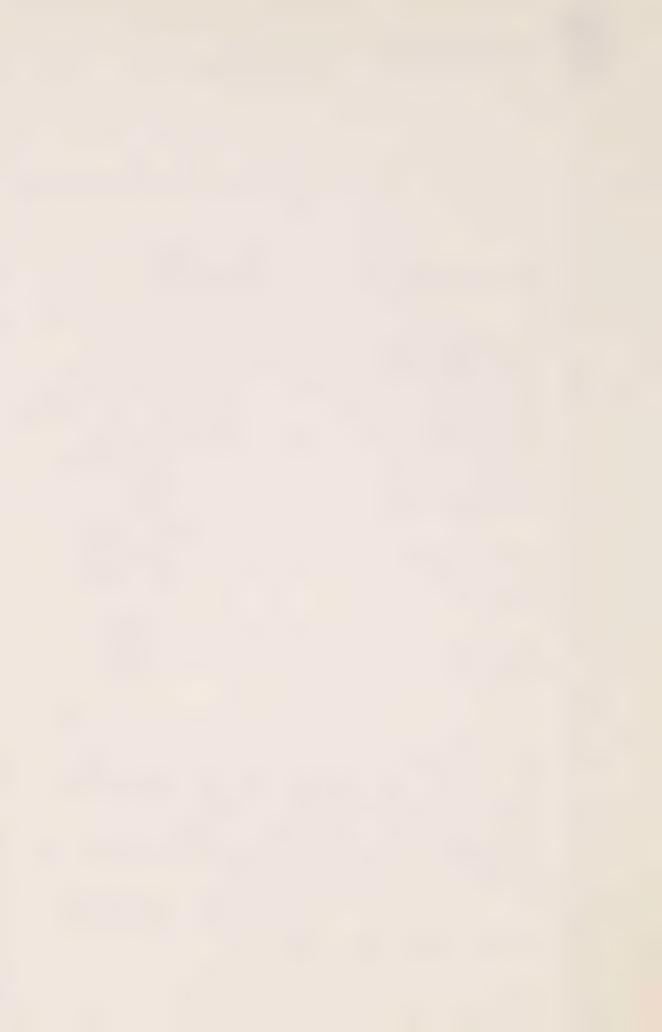
MS. CRONK: Mr. Registrar, could you show the witness if you would please again Exhibit 32A.

Or do you have it there, Miss Costello? That is a bound volume of documents.

> A . Yes.

I would ask you to turn if you would please to Tab 17 and to the fourth page. This exhibit, Miss Costello, has been identified as being a series of handwritten notes made by Mrs. Radiojewski about events at the Hospital prior to the end of March. Do you have page 4?

I will count the pages and be sure, that's why I know.



G15

Q. Do you have the notes that refer to Monday, March 23rd?

A. Yes.

Q. Do you see there an entry that refers to a meeting which took place at 1900 hours at Elizabeth Radojewski's place?

A. Yes.

Q. All right. Is there then listed a list of persons who were in attendance at the meeting?

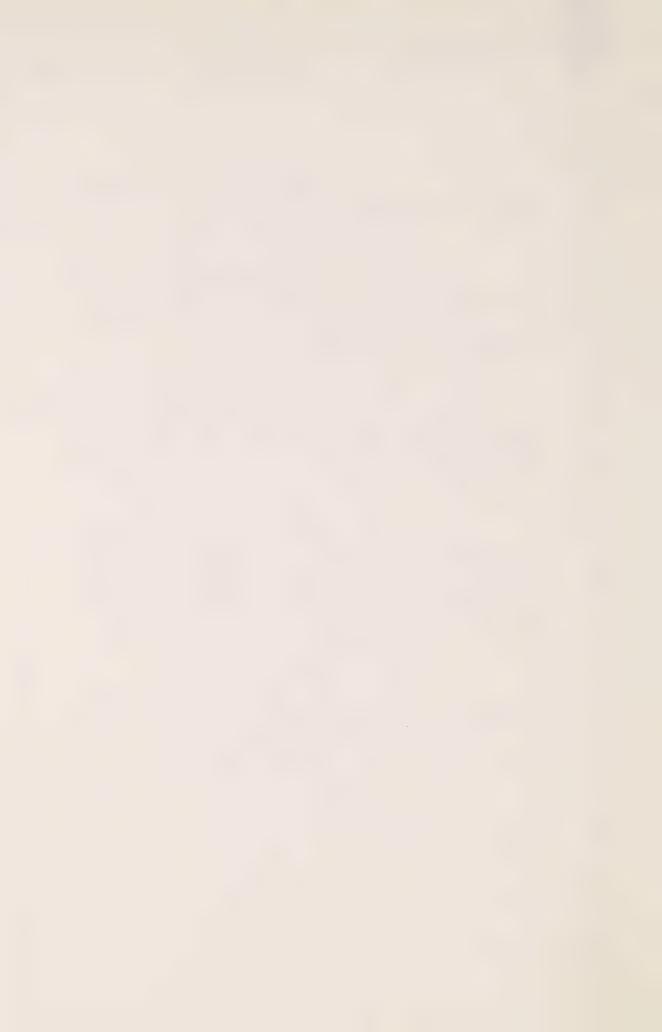
A. Yes.

Q. Other than those that you recorded in your own notes, am I correct that the notes kept by Mrs. Radojewski indicate that Sui -- I take that to be Sui Scott was in attendance?

A. Yes.

Q. Do you recall Mrs. Scott being in attendance at the meeting?

A. No, I do not.





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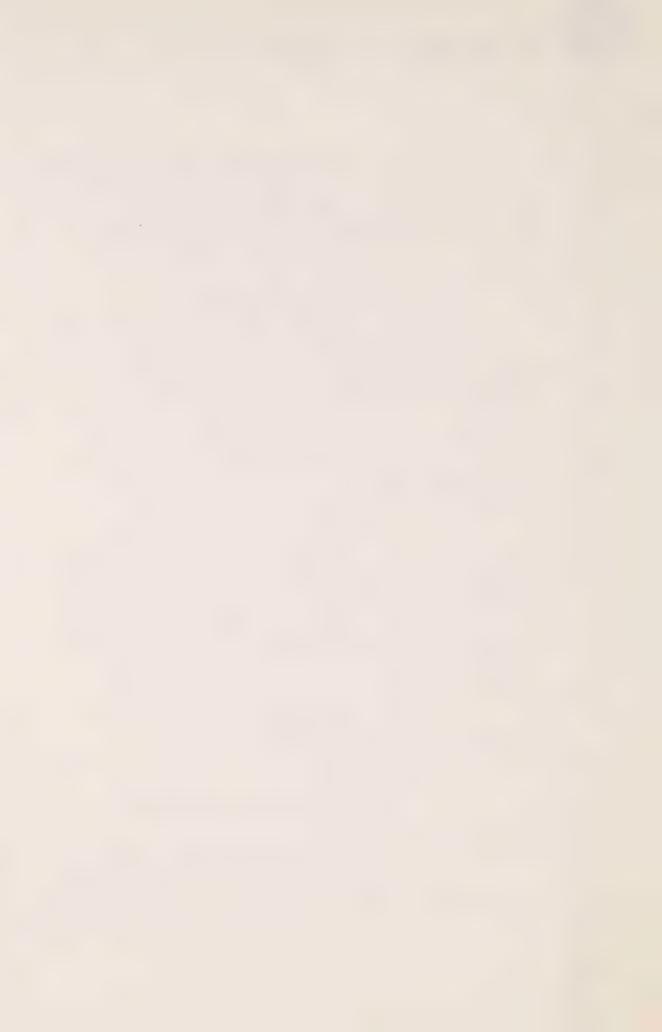
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	Q. The no	otes kept by Mrs	. Radojewski
also indicate	that a Jane,	with no last name	me, was in
attendance at	the meeting,	do you know to	whom that
refers?			

- A. Jane Partridge.
- Q. There is also an indication that a Joan without a last name was in attendance at the meeting, do you know to whom that refers?
 - A. Joan MacIntosh.
- Q. Do you recall Ms. MacIntosh being at the meeting?
 - A. No.
- Q. Do you recall Mary Lou being at the meeting as indicated by Mrs. Radojewski's notes?
- A. No, and I could interpret that two ways, if she is using first names it is probably MaryLou Kelly.
- Q. Was MaryLou Kelly a nurse attached to either Ward 4A or 4B?
 - A. Yes.
- Q. Was there also a MaryLou attached to those wards?
- A. Margaret Lou, which could have been written as Marg, so I am not sure which this is.
 - Q. Do you recall either woman being



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in attendance at the meeting?

A. No.

Q. It is suggested in Mrs.

Radojewski's notes that the meeting was at 1900 hours, do you recall in fact when it did start?

A. No.

Q. To the best of your recollection is that timing accurate?

A. It is approximately accurate, yes.

Q. How long did it last?

A. I think we left it, not all together, some left earlier and some later and I left at 9:30 and there were still some people there.

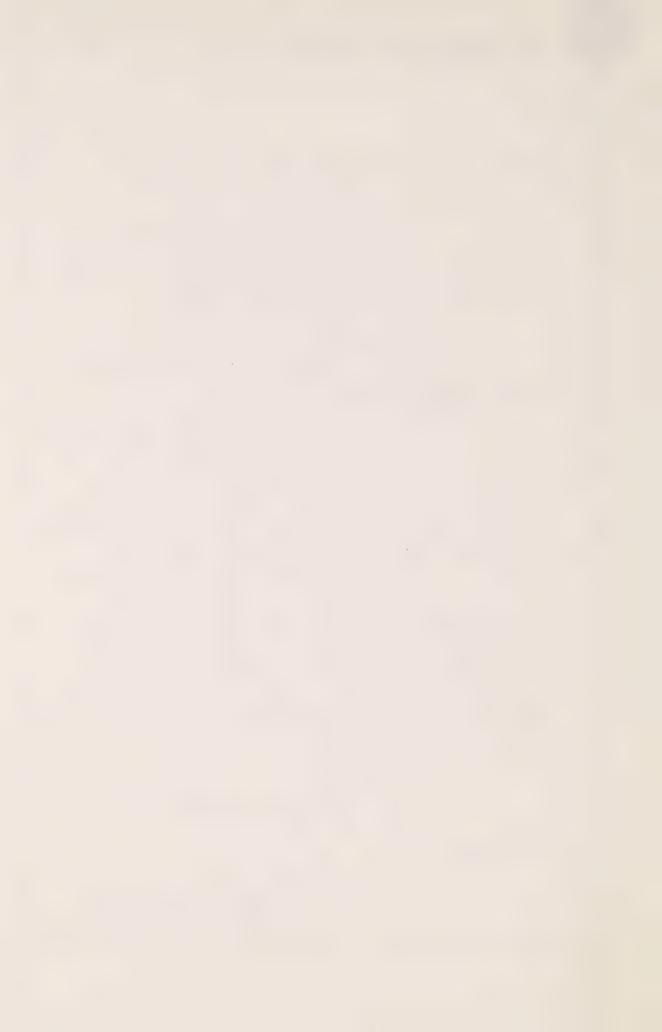
Q. During the course of your meeting earlier in the day with Sergeant Warr, did you or anyone else who was in attendance at that meeting inform him that it was intended to have a meeting at Liz Radojewski's house that evening amongst nurses on those two wards?

A. No.

Q. Did the matter come up at all for discussion?

A. No.

Q. Can you help me please as to what was discussed at the meeting at Mrs. Radojewski's



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house that evening?

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We talked about conditions as they were on our ward. We talked about people's fears, we talked about people's resentments and fears and interpretation of the unusual circumstances on the ward that I have described. We talked about their interpretation that the Hospital blamed us, didn't trust us, laid this on us and we tried to explain why that was as I spoke with you about before. We discussed that we were all pretty frightened. think that it was asked, are more babies than Kevin Pacsai a matter of concern, and we tried to avoid the question and said perhaps we didn't know.

Stopping there for a moment; 0. when you say we tried to avoid the question, to whom are you referring?

Liz Radojewski and I, they knew that four were and we were not going to answer that. We were pretty uncomfortable because we were kind of living a lie which was not our customary way of doing with our staff.

I take it then that the death of Kevin Pacsai was discussed at the meeting?

Yes.

What else was discussed other



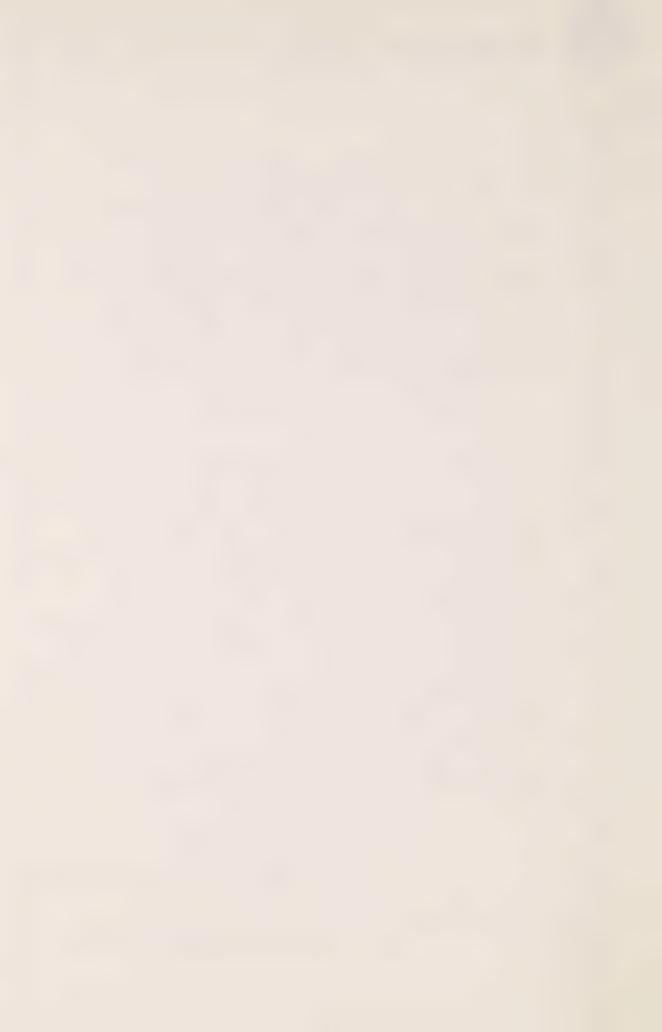


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than what you have already told us?

A. Susan Nelles discussed her giving digoxin to Kevin Pacsai at 2100 the night before he died. She discussed her belief that she gave an accurate dose and that she had checked it with Mary Jean Halpenny, who agreed with her that yes, she had checked it and it was an accurate dose.

- Q. Ms. Halpenny was at the meeting?
- A. Yes.
- Q. Was anything else discussed?
- A. We discussed that we must stick together, we must work this out, we must support one another. Susan made some mention of her roommate being a lawyer and that this was interpreted differently as I remember it. She said she got legal advice from her roommate. As Liz interpreted it she would ask her roommate who was, should she get legal advice. I talked to you about the anger at the Hospital that was expressed. There was one individual who was more angry than the others.
 - Q. Who was that?
 - A. Karen Power.
- Q. What was the basis as you understood it for her anger?
 - It was the same as the other



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people but she was harder to convince that really the Hospital was behind us not against us.

Was anything else discussed at the meeting as you can now recall it?

Just that - social things, like Liz' new house and her cat and the environment.

Well, leaving aside the house and the cat, Ms. Costello, was the death of any child at The Hospital for Sick Children other than Kevin Pacsai discussed at that meeting by anyone when you were in attendance?

No, except the question I told you that the nurses asked. I don't know the exact words, whether they said is the coroner or somebody, or they, maybe just they, worried about any other deaths than Kevin Pacsai's and Liz and I kind of sloughed it off with the answer that we didn't know.

Would it be fair of us then to conclude that there was no discussion while you were at that meeting concerning Janice Estrella, Allana Miller or Justin Cook?

- Definitely not by me.
- Was there any discussion at 0. that meeting generally regarding the number of arrests and deaths that had occurred on the wards over the preceding months?





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Α,	No,	Ί	don't	think	there	was.
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Q. With respect to Kevin Pacsai was it suggested at the meeting by anyone while you were there that he may have received an excessive dose of digoxin?

A. There was concern about that, and that is why Susan and Mary Jean were consoling each other that they knew she gave the right dose.

Q. Why did you understand there was concern about that possibility?

A. I think the nurses knew there was a coroner's investigation and there was some concern with high potassium and high digoxin on Kevin Pacsai, so the vulnerable people were the people who gave the 2100 dose and they worried whether they could have made a mistake.

Q. As far as you were aware who were the nurses who were involved in administering the dose of digoxin at 2100 hours that had been prescribed for the child?

A. Susan Nelles gave the digoxin and Mary Jean Halpenny checked the calculations and the pouring of the dose.

Q. Were you present when Mary Jean Halpenny confirmed, as you have suggested she did,





that the dose was the appropriate one?

A. Yes.

Q. Apart from the suggestion that the Coroner's offices were involved in the investigation of Kevin Pacsai's death, was there any other basis of which you are aware which led to a concern that Kevin Pacsai may have received an excessive dose of digoxin?

THE COMMISSIONER: That is a hard question to answer, I would find it hard to answer, but perhaps I wasn't there. Perhaps you can answer that, what is it you are worried about?

MS. CRONK: Q. Was there anything specifically raised at the meeting, Ms. Costello, that gave rise to the concern that Kevin Pacsai might have received an excessive dose of digoxin?

A. I think I have to assume that we knew there was concern about his digoxin level because of the behaviour of Susan and Mary Jean worrying about the dose of digoxin that they gave, and they didn't discuss any medications they gave him, it was the correct dose that they definitely discussed, the preparation and measurement of the dose and administration of the dose of digoxin at 2100 to Kevin Pacsai.



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	Q.	You you	urself	knew	ЪУ	March	23rd
that there was	an iss	sue con	cerning	the	dig	goxin	
administered to	that	child,	isn't	that	COI	rect?	

A. Yes.

Q. Did you inform those present at the meeting that was an issue, or did they appear to know it before you arrived?

A. I think they knew before the meeting.

Q. Who at the meeting, Ms. Costello, inquired if babies other than Kevin Pacsai were being investigated?

A. I can't be specific, it may have been more than one, I don't know. I was so uncomfortable with not being able to answer honestly that I just answered very quickly, that I don't know, and I got off the topic.

Q. Was it your understanding that the nurses and registered nursing assistants who were present at the meeting were aware of the digoxin levels that had in fact been recorded on Kevin Pacsai?

A. I don't know if they knew the levels. No, I am sure that they didn't, they would have been horrified if they thought of a figure like 25. I think they thought it was elevated but at that



it was more than an error that could have been made with one dose of oral digoxin. I do remember Susan Nelles specifically talking about as well as checking the dose with Mary Jean Halpenny, she talked about drawing it up in a l cc. syringe, putting one squirt of elixir digoxin into the baby's mouth:

"Therefore I couldn't have given him more than l cc. at the maximum and I know I gave him the correct dose". I think they would not have been concerned so much about that one single dose of oral digoxin if they had known how high the level was.

Q. I take it it was not raised at the meeting the matter of the actual level?

A. No.

Q. Was there discussion at that meeting of elevated digoxin levels in any other children?

A. No.

Q. By name or otherwise?

A. No.

Q. Did there seem to be, as you understood it, a concern amongst the nurses and the registered nursing assistants who were present that the digoxin levels of other children might be a



matter that was under investigation?

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A. No. They didn't know what on earth the investigation was about. They were certainly frightened by the investigation and I expect that that prompted them to ask us are more babies involved in this investigation, but that was not stated specifically, digoxin specific to babies or anything.

Q. Was it suggested by anyone at the meeting in your presence that it might be advisable for those who were at the meeting to seek legal advice?

A. I told you a little while ago about my interpretation and Liz' interpretation of what Susan said, that is all that I am aware of.

Q. Was it suggested by anyone at the meeting while you were there that the nurses present should compile notes of what they recalled about the arrests and deaths that had occurred on the wards?

A. I think we spoke of being very careful that we had notes and be sure of our memory in relation to Kevin Pacsai only.

Q. And whose suggestion was that?

A. I think Liz Radojewski.





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	().	Do you	reca	all	anyor	ne at	the
meeting	keeping	notes	while	the	mee	eting	was	in
progress	5?							

- A. No.
- Q. You yourself I take it did not?
- A. No, I did not.
- Q. Your notes were made some time

after that?

A. Yes, they were.

Q. To the best of your knowledge were the other nurses and the registered nursing assistants who were present at the meeting aware of the digoxin levels that had been recorded on Justin Cook and Allana Miller?

A. No, they could not have kept quiet if they were, they would have talked about it.

Q. Were you aware while you were at Mrs. Radojewski's house that evening that there had been a meeting held at the Coroner's offices on Saturday, March the 21st?

A. No.

Q. At which the deaths of some of these children were discussed?

- A. No, I was not.
- Q. To the best of your knowledge



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were those in attendance at the meeting aware that there had been a meeting at the Coroner's offices on the Saturday?

A. No. All they knew was that there was the coroner's involvement with Kevin Pacsai.

Q. What was the result of the meeting as you understood it, Ms. Costello?

A. We all left very anxious, but we left feeling confident that we would continue to work to the standards we hoped of ourselves and we would support one another in trying to do that. I think that Liz and I succeeded to some extent in having the staff recognize that it wasn't necessarily punishment or suspicion by the Hospital that was putting these strange conditions on us. We were still pretty worried what was ahead of us.

Q. Did anyone at the meeting, other than Susan Nelles and Mary Jean Halpenny, discuss the digoxin dose or doses that had been given to Kevin Pacsai during his life?

A. I don't think so, that is the only one that was given on 4B.

Q. You don't recall discussion amongst any others present at the meeting about that?

A. No.



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Q. To the best of your recollection, other than the matters that you have outlined, was there anything else discussed at that meeting at Liz Radojewski's house that evening?

A. No.

Q. Ms. Costello, after the entire events of this nine-month period from July through to the end of March, 1981, did you by March 23rd or thereafter, consider the possibility that some of the children who had died at the Hospital might not have died from natural causes?

A. I did that and I still do consider it to be impossible that anyone I knew killed those children, but I had to be realistic enough to realize that if Homicide are investigating this somebody thinks somebody did.

Q. Towards the end of March, 1981, had you formed any belief or reached any conclusion as to whether or not some person or persons might deliberately have intervened with these children?

A. Towards the end of March,

personally, no. I assumed that if the police

arrested Susan Nelles they had some evidence that

caused them to do so, so I was very worried about that,

but that did not make me think that I believed that



Susan Nelles murdered those children. I held the belief that if somehow this turns out to be possible then she must have been insane, that is not the Susan I know.

Q. Did you have any basis to believe at any time, Ms. Costello, that someone deliberately might have been killing children at The Hospital for Sick Children?

A. No, I did not.

Q. Did you at any time communicate to any person the view that someone had deliberately been killing babies at The Hospital for Sick Children?

MR. BROWN: Mr. Commissioner, I don't know whether we are getting into the area we discussed yesterday, if we are I think there was an agreement that we can make submissions, but I seek guidance.

THE COMMISSIONER: No, I think this question is in accordance with our agreement, is it not?

MR. BROWN: I am sorry?

THE COMMISSIONER: I think this question is in line. She has already been asked if there was any basis for it and now she is asked, she said, no, there was no basis for her reaching any conclusion. She has now been asked, I am sorry, I missed the question.



answer, Ms. Costello?



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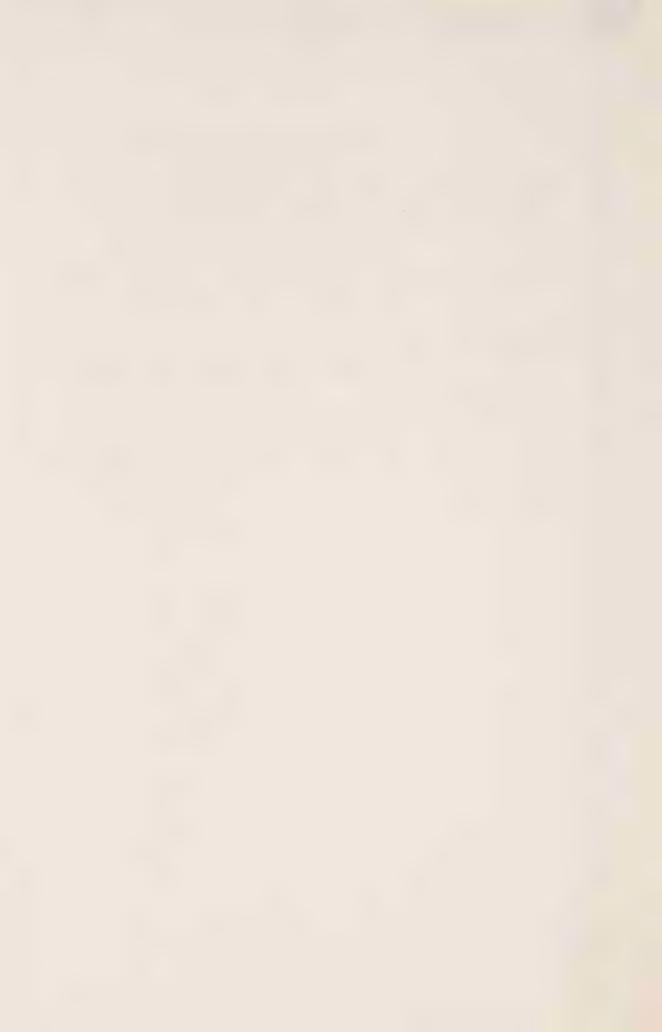
MS. CRONK: Q. The question was, did
you at any time communicate to any person the view
that someone had deliberately been killing babies?
THE COMMISSIONER: That has to be
asked, I think that has to be asked. Yes, all right.
MS. CRONK: Q. May I have your

MS. SYMES: What is the time frame in question, please?

THE COMMISSIONER: Any time.

MS. SYMES: She is still talking about

March.



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		MS.	CRONK	: (Could	I	put	the
question	again,	sir	, one	more	time	?		

THE COMMISSIONER: Yes, try it once

MS. CRONK: Q. Ms. Costello, you have told me -- did you, at any time, communicate to any person the view that someone had deliberately been killing babies at the Hospital for Sick Children?

Α. I have to answer it that the day after that meeting Liz Radojewski and I spoke that we have to face the fact that that is a possibility.

Q. Aside from your discussion with Ms. Radojewski on, I take it, March 24th --

> Α. Yes.

0. -- did you at any other time communicate to any other person the view that someone had been deliberately killing babies at the Hospital for Sick Children?

> No. A.

Do you recall attending a Q. meeting, Ms. Costello, with representatives of the Metropolitan Toronto Police Force on June 17, 1982?

> A. Yes.



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	Q.	Did you	at a m	eeting	with
representativ	es of the	e Metropo	olitan	Toronto	Police
Force on that	day ack	nowledge	that s	omeone	had
deliberately	been kil	ling babi	ies at	the Hos	pital
for Sick Chil	dren?				

- A. No, I did not.
- Q. Do you deny having made such an acknowledgement at that time?
- Α. State what I was supposed to have said again, please.
- The allegation is that at a meeting with representatives of the Metropolitan Toronto Police Force on June 17, 1982 you acknowledged that someone had deliberately been killing babies at the Hospital for Sick Children?
 - Definitely I did not. Α.
 - You deny having done so? 0.
 - Α. Yes.
 - Then or at any other time? . 0.
 - Α. Yes.
- Do you recall who was in attendance at that meeting, Ms. Costello?

THE COMMISSIONER: I do not know whether she has acknowledged there was such a meeting yet.



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MS. CRONK: Yes, she has, sir.

THE COMMISSIONER: Has she? All

right.

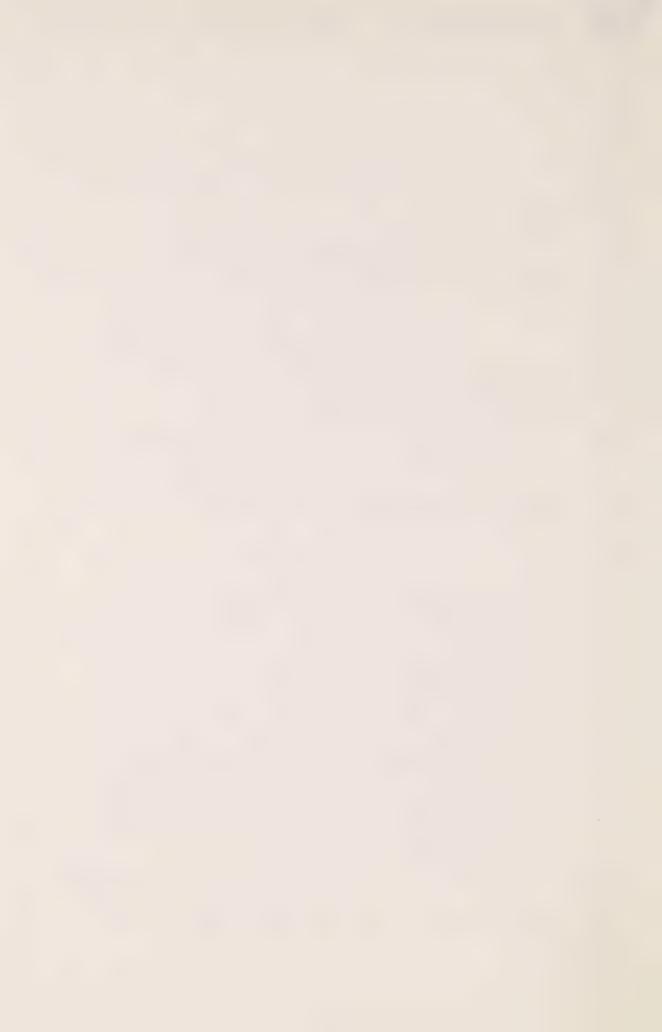
THE WITNESS: Constable John
Murray and I have forgotten the other officer's
name.

MS. CRONK: Q. If I suggested to you that it was Staff Sergeant Gordon, would that help you refresh your memory?

- A. Does he have white hair?
- Q. I take it it does not help you refresh your memory, the name alone?
 - A. No.
 - Q. Ms. Costello, if it was .

alleged in materials prepared by the Metropolitan Toronto Police Force that you did at an interview with them on June 17, 1982 when Constable Murray and Staff Sergeant Gordon were in attendance, that you did acknowledge at that time that someone had deliberately been killing babies in the Hospital for Sick Children, would you have any explanation for us as to why that might have been recorded or why it would be alleged?

A. It may have been a misinterpretation of the -- one fact that it may have been



misinterpreted from is that I told them about the discussion that Liz Radojewski and I had on the morning after March 23rd meeting but I definitely did not -- I cannot say it as well as you said it.

Tell me again what I am supposed to have said, please.

Q. The allegation, Ms. Costello, is that at that meeting on June 17, 1982 you acknowledged to representatives of the Metropolitan Toronto Police Force that someone had deliberately been killing babies at the Hospital for Sick Children.

A. I did not, and that is the only place that I can think they may have somehow interpreted from that, but in my conversation with Liz and as I reported my conversation with Liz to those officers, I did not do that, no.

Q. During your conversation with Mrs. Radojewski on March 24th, did you discuss with her the possible involvement of any one in the deaths of these children other than as a possibility?

A. No.

Q. Did you at any time subsequently discuss the matter with Mrs. Radojewski?

A. As time went on, I do remember being at a meeting to support staff again later



I.5

when Liz was not there. It was a considerable time after Susan Nelles had been arrested. I do not know how much time, a month or two.

I was upset to hear some of the staff there say, we think that Mary and Liz think that Susan Nelles could have done this or did do it. I do not know the words. I was very upset by that and did not even manage to think of an answer at the time, and I discussed that with Liz. I think we managed to come back to try to convey to the staff that we had no more idea that Susan or anyone else did it than they did, that we were just coming to the reality of the situation that if she has been arrested, we assume the police know what they are doing, we assume they have some evidence and we have to believe that it is a possibility, although in our knowledge of Susan it seemed an impossibility.

Q. Ms. Costello, without naming any individuals, I do not wish you to name any individuals for the moment, and without naming any group of individuals, can you tell me, please, whether on Monday evening, March 23rd, 1981 while you were at Elizabeth Radojewski's house you had in your own mind reached any conclusion or formed any view that certain persons at the Hospital for



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Sic	k Cl	nild	lren	might	be	involved	in	causing	the	death
of	any	of	thes	e chil	ldre	en?				

A. This time I like my words better than yours, and I would say that I was concerned and worried that some individual or individuals were being suspected by Sergeant Warr rather than I myself had come to that conclusion that they were. I only was afraid that they were suspect by him or whoever he represented.

- Q. What was the basis for your suspicion in that regard?
- A. The afternoon meeting with Sergeant Warr.
- Q. Was anything said at that meeting that led you to that conclusion other than what you already described to us?
 - A. Definitely not.
 - Q. Did you at any time,

Ms. Costello, in your own mind form the conclusion that certain persons at the Hospital may deliberately have been involved in the deaths of these children, other than on the basis of what you had heard from Sergeant Warr during the afternoon of Monday, March 23rd?

A. No, never, not even until now.



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Q. Did you at any time express the wiew to anyone, that you thought that there was a murderer involved?

I think in that conversation with Liz I said something like that, and in more recent conversation with her she says that in her state of shock she had not translated to the word murder, so that was the first time it was mentioned, and I think I did mention that it was a very abnormal meeting at your house for many reasons, one of the reasons being that we had to worry that there could have been a murder in your house.

- When was this conversation with Mrs. Radojewski?
 - March 24th. Α.
- Did you on other than that Q. occasion ever express your view to anyone that you thought there was a murderer involved?
 - A. No.
- Once again, Ms. Costello, Q. did you, on June 17, 1982, at a meeting with representatives of the Metropolitan Toronto Police Force say to them that on Monday evening, March 23rd, 1981 you thought there was a murderer?
 - Α. No, I do not think I said I



I.8

thought there was a murderer. No, I know I did not say I thought there was a murderer.

Q. If it is alleged, Ms. Costello, in materials prepared by the Metropolitan Toronto Police Force that you did, at an interview with them on June 17, 1982, indicate that you had thought on the evening of March 23rd that there was a murderer, can you offer us any explanation as to why that would be alleged by the Metropolitan Toronto Police Force if you in fact did not say so?

A. Well, I think it is wording, and I think I perhaps said to them that reporting that conversation with Liz again, that I was afraid that there could be, and I do not think I went into a long story with them to tell them that the only basis on which I had any idea of that was the afternoon meeting. I do not think I told them the connections.

So they perhaps interpreted it in stronger language than I intended it and with more -- probably thought I knew what I was talking about from myself, where I really had no idea at all myself that there was anything to do with murder or any foul play. I only had the idea that if homicide are investigating, somebody thinks so.



I.9

	Q.	And	did	you,	in	that	connection,
use the word	murderer	at	that	meeti	ing	with	the
Metropolitan	Toronto I	Poli	ce?				

A. Yes.

Q. And did you in fact on Monday,
March 23rd think that there was a murderer?

A. I suppose I was afraid of that possibility, yes, based on the afternoon meeting when I was cause to believe that because homicide was there somebody must suspect that.

Q. Did you have any reason or basis to think that other than what had occurred at your meeting with Sergeant Warr that afternoon?

A. Absolutely not.

Q. Again, Ms. Costello, without naming any specific individuals or any specific group of individuals, can you tell me, please, whether as a result of that perception that you did have Monday evening, March 23rd, did you, as well, have, the dissiplicion that any particular individual or group of individuals might be involved in the deaths of any of these children?

A. I am not sure I am understanding
I was concerned from the afternoon of March 23rd
when I read the assignment books that that group of

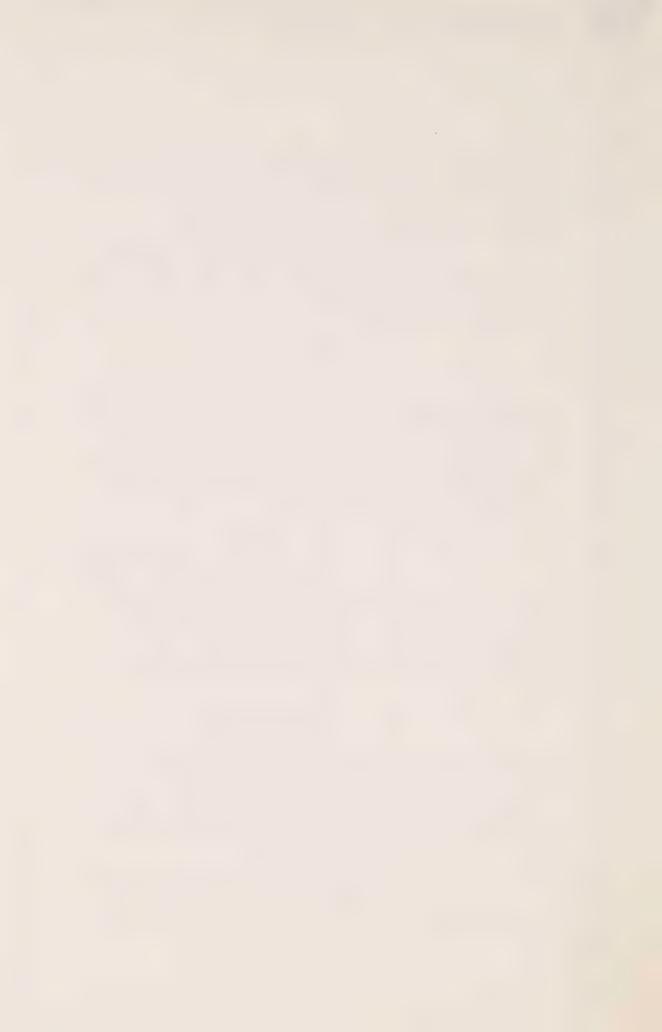


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individuals were being suspect. Me personally I did not interpret that as yes, I think those people -- whatever your question was there, sorry.

- Q. By that group of individuals, do you mean the individuals whose names were read out that afternoon?
 - A. Yes.
- Q. Did you have any basis to consider or form the view that they might be under suspicion or might be suspicious other than the events that had taken place at that meeting that afternoon with Sergeant Warr?
 - A. No, I did not.
- Q. Did you at any time communicate the view to anyone that a particular individual or individuals were under suspicion for possible involvement in the deaths of these children?
 - A. No.
- Q. Did you yourself at any time form the view that a particular individual or individuals, again without naming their names, were more suspicious than others in connection with any of these deaths?

THE COMMISSIONER: More suspect than others.



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	MS	S. CRONE	₹:	Q.	More	suspec	cţ,	I	an
sorry, sir,	than	others	in	conn	ection	with	the	se	
deaths?									

- A. No, except that I had to realize that not everyone on the ward was there at the time that we read to Sergeant Warr from the assignment book.
- Q. Again, then, I take it, that those group of individuals that you were considering and those particular individuals you considered as a result of having been asked to read out the assignment books on those four particular evenings?
- A. That he suspected them, not that I did.
 - Q. You never did?
- A. No, and can I add that I was so frightened by that afternoon meeting that I did not go away and try and figure out for myself who he was suspecting. I just did not do it, and the only explanation I have in retrospect is that I was too frightened to do so.
- Q. Did you personally,

 Ms. Costello, at any time, observe anything or

 learn anything about the deaths of any of these

 children over this nine month period that led you



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to	think	that	a	particul	ar ind	lividual	or	individuals
was	invo	lved	in	causing	their	deaths?		

Α. No.

MS. CRONK: Thank you, Ms. Costello.

With your indulgence, sir.

I have no further questions, sir.

Thank you very much, Ms. Costello.

THE COMMISSIONER: Ms. Symes?

EXAMINATION BY MS. SYMES:

0. Ms. Costello, I would like to turn you to the topic that you have just completed with Ms. Cronk.

I gather, then, that after your return from holidays, your first day of work was March 23rd, 1981, the Monday?

> Α. Yes.

Q. And I gather that you met with the police, that is, Sergeant Warr on the afternoon of March 23rd?

> Α. Yes, I did.

And I also gather that you Q. gave evidence at the preliminary inquiry into Susan Nelles?

> Yes, I did. A.

At any time between the 0.

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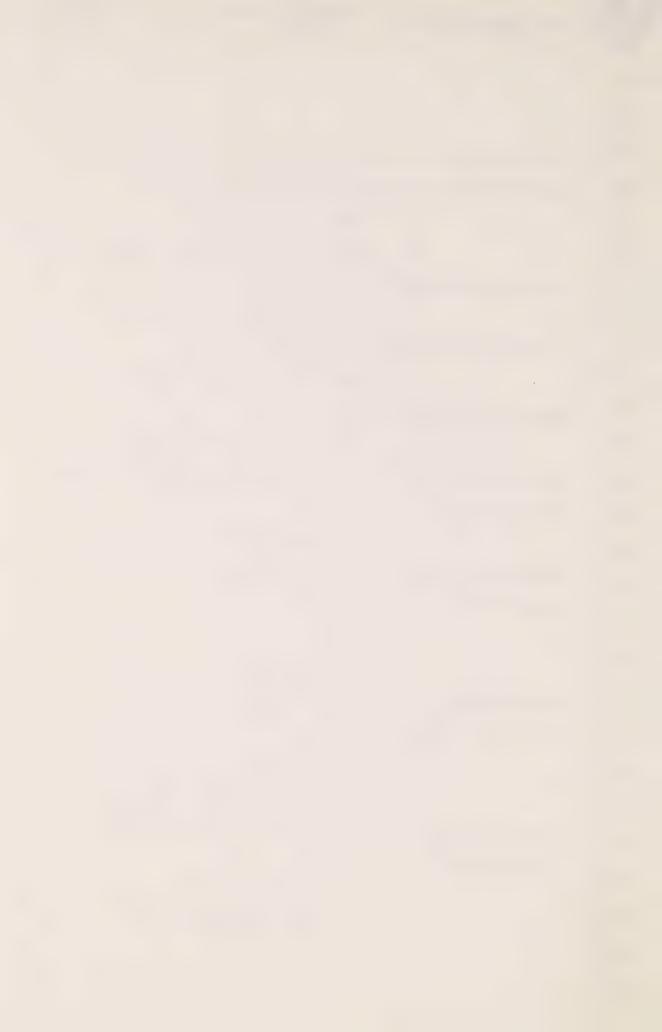
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meeting of March 23rd in the afternoon and attending to give evidence at the preliminary, were you interviewed by the police with respect to this matter?

A. No, I was not.

Q. So I gather, then, that you were called and you gave evidence at the preliminary?

A. Yes, I did.

Q. Did you meet with the Crown Attorneys before you gave the evidence?

A. No, I did not.

Q. Then, from the time of giving the evidence at the preliminary, were you interviewed again -- were you interviewed at all by the police until I believe it is June 17th, 1982?

A. No, I was not.

Q. So you met them for about one and a half hours, then, -- one to one and a half hours on March 23rd in the afternoon?

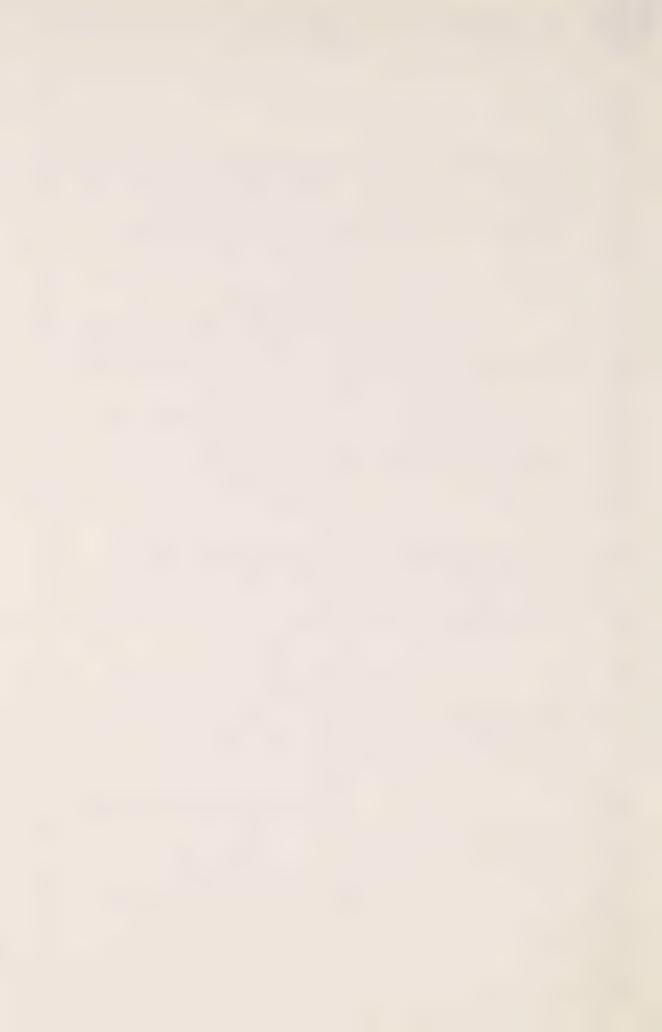
A. Yes.

Q. And then you were interviewed on March 17th, 1982?

MR. PERCIVAL: June 17th.

MS.SYMES: Q. Sorry, June 17th,

1982.



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I.14

	A.	Yes,	I saw	them	in the	mean-
time, of	course, and	spoke	about	a few	circu	nstances
within a	group, but n	o, I w	as not	inte	rviewe	d by
them in th	nat interim.					

Q. I gather that the police had an office at the Hospital for Sick Children?

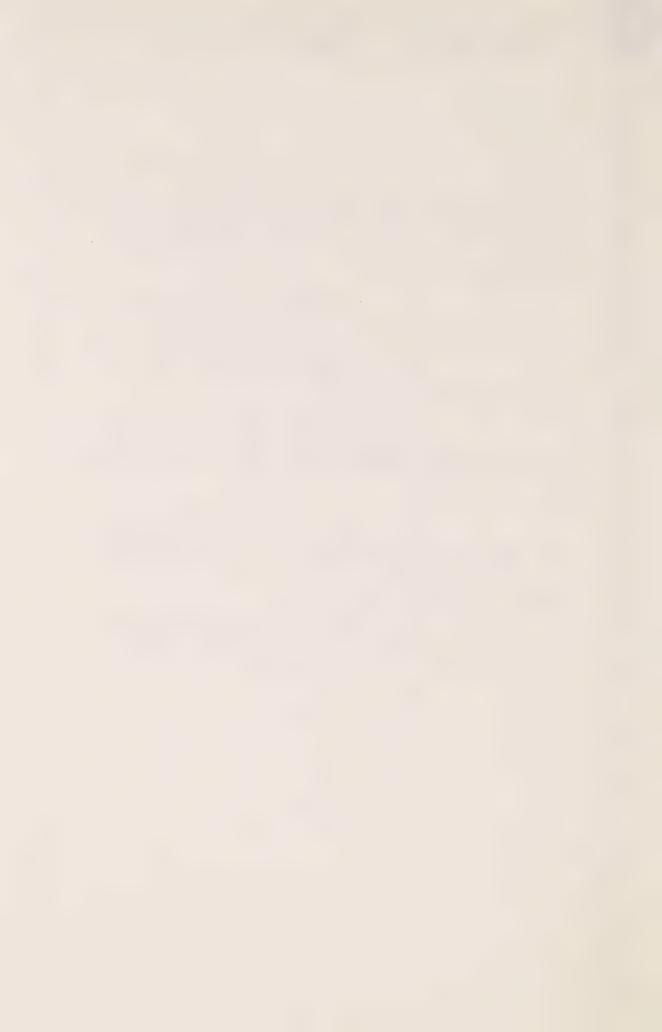
A. I think there were various rooms they used.

Q. And from time to time, were you asked to get documents for the police investigation?

A. No, I was not. Sometimes I was asked to get Liz Radojewski and she was asked to get them, but I was not.

Q. Were you ever asked to make members of your staff available to the police?

A. Yes.



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Q. Did you at all times throughout this cooperate with the police?

A. Yes, I did; I didn't offer myself.

Q. You had said I believe before that the assignments, there are assignment books, work communication books, et cetera. You gave the assignment books to the police then on March 23, 1981; is that right?

A. Yes.

MS. SYMES: Miss Cronk, do you have the originals of that, please?

MS. CRONK: Would you like the back or the front?

MS. SYMES: No, the assignment books, have they got a back or a front?

MS. CRONK: I'm sorry, that was my attempt at humour.

MS. SYMES: Q. I am showing you the two original assignment books from 4B. Which was the one that you took to the meeting with Sgt. Warr on March 23rd?

MR. YOUNG: I'm sorry, I can't hear the witness.

THE COMMISSIONER: No, I can't either,

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if that is any consolation to you.

THE WITNESS: I am just muttering to Miss Symes here trying to figure out what book I have. I think I have a book that begins with the 10th -- no, the 8th of January.

MS. SYMES: Q. What year, please?

A. 1981, and the entries in it end March 17th.

Q. 1981?

A. Yes.

Q. All right. And what is the other book that is there?

A. It begins Tuesday, March 17th repeated for the 3:30 and night shift and ends March 24th. Now, answering your question I must have taken both books.

Q. At the end of the meeting what did you do with those assignment books?

A. Left them in the room with Sgt. Warr.

Q. And I believe in answer to Miss Cronk, what happened to the assignment book that precedes the ones that you took to the meeting?

A. It is discarded by normal means. It is always discarded because I didn't know



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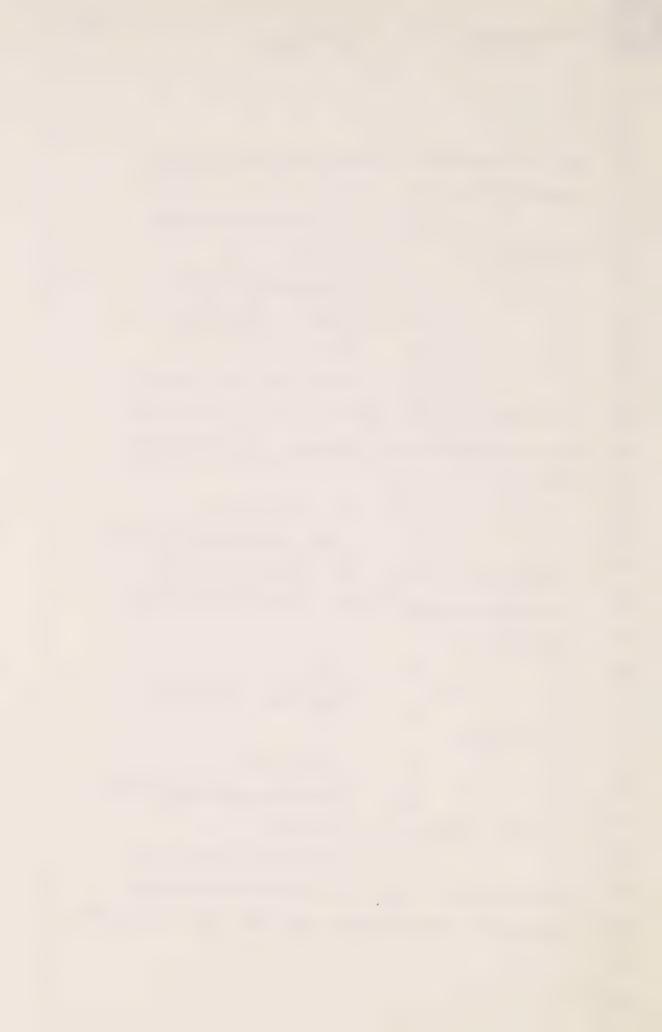
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an investigation was coming and didn't see any reason to keep it.

- Q. So, you had discarded it yourself?
 - A. Yes, prior to this time.
 - Q. Prior to March 23rd?
 - A. Yes.
- Q. Were these kept as part of the normal Hospital records, did they form part of the permanent Hospital records, these assignment books?
 - A. No, they do not.
- Q. Now, the meeting then that occurred on March 23, 1981, I gather then that you would have reported at the normal time, is that correct?
 - A. Yes.
- Q. What time was that for you on that day?
 - A. About seven.
- Q. And what was happening on the ward, 4B when you got there?
- A. Conditions that I have described that there were nurses designated as supervisors, one on each ward, who were to carry the



keys, to observe any medications drawn up and any medications administered on the ward. Digoxin was now a controlled drug, admissions were cancelled to our ward, patients were transferred off our ward, staff were anxious.

Q. At this time did you know whether the Trayner team had been relieved from duty?

A. Yes.

Q. Can you describe for us what effect this had on you, the combination of the changes on the ward and the relief of the Trayner team from duty?

A. Fear, anxiety, worry, why are these happening.

Q. Did you attempt to find any answers to those questions before you went to the meeting in the afternoon?

A. No. I had no access to anyone who was likely to tell me and I didn't approach anyone.

Q. And I gather that you had said before that the staff, the nurses were concerned and upset, is that right?

A. Very much so.

Q. And do you know when this



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meeting	that	was t	o be	on Mai	rch 2	3rd	at	Liz
Radojews	ski's	house	had	first	been	suç	gges	sted?

A. I was first aware of it on Monday, March 23rd morning, Radojewski suggested, and some of the staff suggested they had begun to talk about it on Sunday, March 22nd.

Q. Do you know how people got invited to that meeting?

A. I don't know specifically.

I know that it was an open subject on the ward and everyone who was there knew. I don't specifically know how people who were not there during that period of time knew.

Q. Okay. How did you work on the ward as far as notifying nurses not on duty about ward meetings or an important meeting like this?

A. Well, I don't know if it ever happened before that we necessarily called people who were off duty to tell them, but that would be the only way we could, and whether that would be Liz or me or the other nurses or the unit clerk, I don't remember anyone consciously doing that.

Q. Now, you say that at some time before the meeting at 1:30 began, that you had spoken, was it either Anne Evans or Mrs. Geiger, the Director



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of Nursing, to attend a meeting?

A. They had asked me to attend the meeting, I think it was Anne Evans.

Do you know how far in 0. advance of the meeting they asked you to attend?

I would estimate it would be A. between two or three hours; maybe one or two hours, I'm not sure, one to three hours.

- Before you went to the meeting? Q.
- A. Yes.
- And do you recall what she Q. had told you about the meeting?

Bring your assignment books and WIN sheets to a meeting with the Coroner.

Now, we see that WIN sheets Q. are kept on a weekly basis.

> A. Yes.

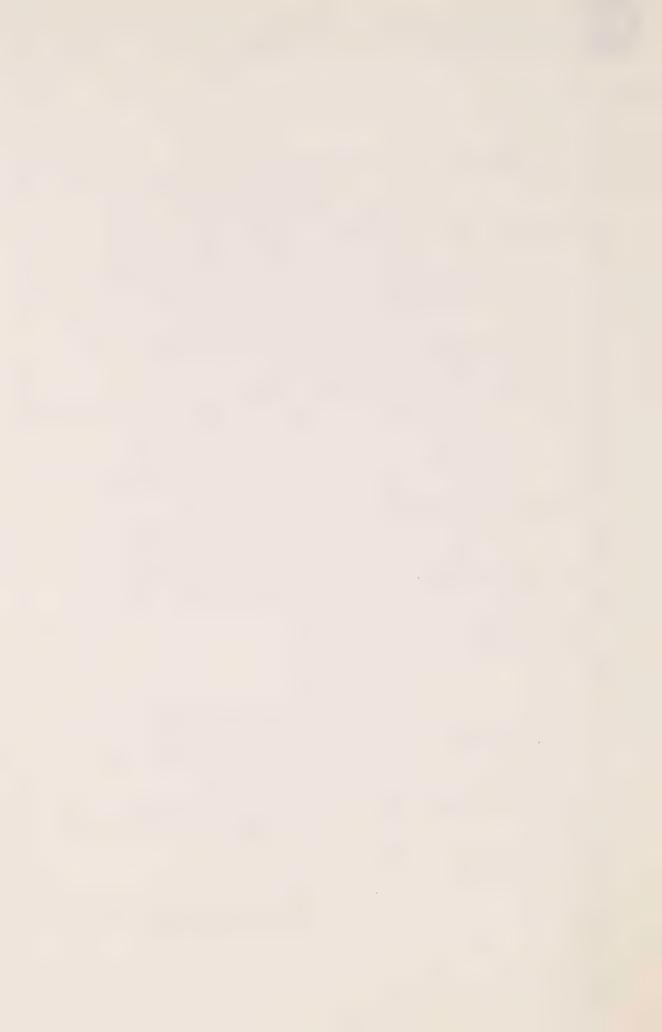
Do you know how many WIN 0. sheets, that is how many weeks you brought with you?

Α. As I recall it was the current week, the week just passed.

The week, that would be the Q. 16th to the 22nd?

> Yes. A.

Q. And the assignment books that



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you brought with you were the ones that are in your hands now?

A. Yes.

Q. And those then cover the period, the first date is January -- I'm sorry, January what, 8th 1981?

A. January 8, 1981.

Q. And the last date that they

covered?

A. March 24th. Although March 24th had not occurred yet, we had made out the assignments for that date on March 23rd, which is normal.

Q. So, sometime during the day on March 23rd you would have done the assignments for March 24th?

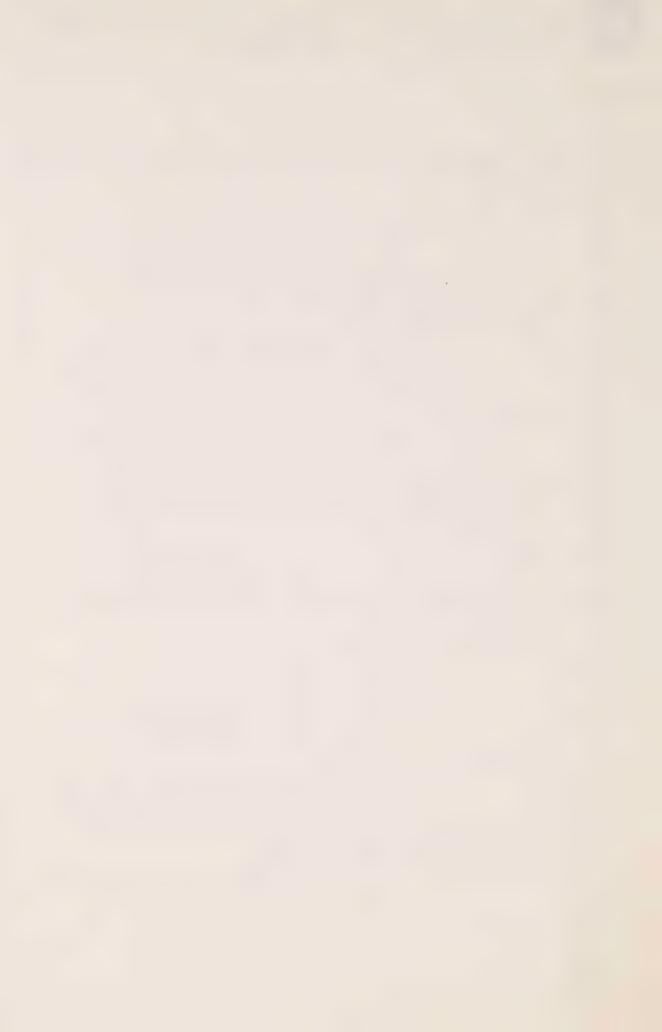
A. Yes.

Q. Okay.

A. And we redone them because I no longer had the books.

Q. When you came into the room then you told us that Sgt. Warr had been introduced as a Homicide, from Homicide?

THE COMMISSIONER: No, he introduced himself.



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THE WITNESS: Yes, he introduced

himself.

MS. SYMES: Introduced himself 0. from Homicide.

Now, could you tell us in terms of topics the order in which matters were covered at this meeting? Whatewas the first matter that was covered?

Α. As I remember, we read out the assignments that he indicated to us to read out.

- What was the second matter? Q.
- Digoxin, where is digoxin, Α. where is it stored, how is it brought; those things that I have alredy discussed about digoxin.
 - What was the third area? Ω.
 - Formula. Α.
 - And what was the fourth area? 0.
 - Access to the ward. A.
 - Was there any other topic? Q.
 - There was no other topic of A.

I think in speaking to Miss Cronk I discussion. mentioned an occasional thing that was muttered, like, a pattern, et cetera, and that something was said about high digoxin levels for those specific babies, but it sure wasn't discussion, I didn't participate in it.



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Q. Okay. Let's talk about the first one, the assignment, reading out the assignment books.

To the best of your recollection today, realizing that it is a long time after the event, could you tell us what transpired, that is what were the questions and how did you try and answer them with respect to the assignment books?

A. Please read the assignment for the dates that he gave us.

Q. Well, you told us that you read it for one baby, Pacsai.

A. Yes.

Q. Is that right?

A. Yes.

Q. Could you turn to Pacsai then in the assignment books.

A. Yes.

Q. This baby then, Pacsai, got into trouble on the 12th of March at 3:45 a.m.

A. Yes.

Q. What day then would you have

read from?

A. March 11th.

Q. March 11th?



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Sqt. Warr.

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March 11th morning, which naturally becomes March 12th after midnight, but it isn't dated that way.

THE COMMISSIONER: March 11th night you mean?

THE WITNESS: Yes.

MS. SYMES: Q. March 11th night becomes March 12th morning, is that right?

> Α. Yes.

Q. Okay. Was any mention made of the baby that you were to read for?

Yes, I knew the names of the A. relevant babies.

> 0. How did you know?

Because it was mentioned by A.

Okay. Now, what did you read? 0.

A. I think that I read the assignment book for the day and the night of March 11th but specifically the night of March 11th for the assignment that contained Kevin Pacsai's death.

Were you asked who had the particular care of the child on that shift, that is, whose assignment?

> Not in addition to being asked Α.



J11 2

to read these assignment books.

Q. Pardon me?

A. Not in addition to being asked to read the assignment books.

Q. Could you just demonstrate to us how you would have read for the night shift?

A. I think when I was just asked to read the night shift I would have read Miss Halpenny, Miss Harwood-Jones, Miss Reaper, Mrs. Lyons, Miss Nelles.

Q. Was there any attempt to indicate which nurse had which babies?

MR. PERCIVAL: Mr. Commissioner, she has asked that on two different occasions and the answer has been given.

THE WITNESS: Yes.

MS. SYMES: Q. Could you tell us how you would have been able to, or how you did in fact indicate which nurse cared for which babies, because those little numbers quite frankly are sometimes hard to read?

A. In this particular one Kevin Pacsai's name is in there even though I have misspelled it. It is contained within the assignment that Miss Nelles had that night.



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Q. Now, with respect to the other children, namely, Miller, Cook and Estrella, do you know if you read out who was on 4B for each of those deaths?

THE COMMISSIONER: I have now forgotten why it is, is there another exhibit that goes on past the 17th of March?

MS. CRONK: Yes.

THE COMMISSIONER: Which one is that?

MR. PERCIVAL: The evidence is that

Liz Radojewski read out the ones involved in 4A.

THE COMMISSIONER: Yes, that's right, but I am talking about 4B.

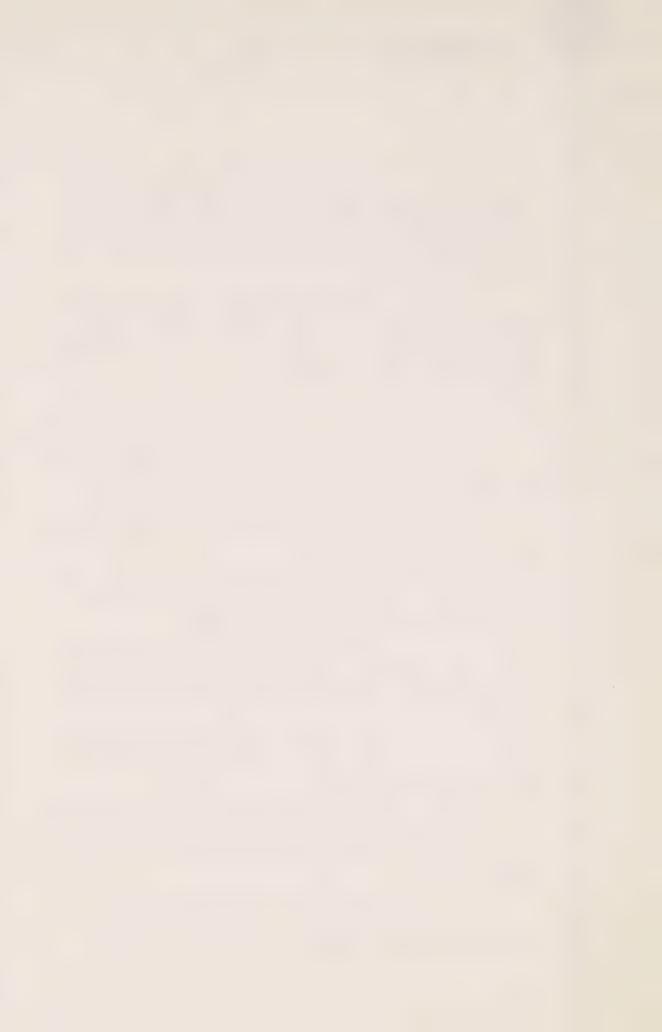
MS. CRONK: Yes, there is, sir, I am just fumbling for the exhibit number.

THE COMMISSIONER: And Tab 14 ends at March 17th. So, this is obviously when we get to --

MS. CRONK: I believe it is Tab 18, sir; yes it is, Tab 18.

THE COMMISSIONER: All right. Thank you. And we are asking about who now, Ms. Symes, which baby?

MS. SYMES: Mr. Commissioner, I was asking a different question, and that was, with



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respect to the Babies Miller, Cook and Estrella, were you asked to read out the nursing assignments on 4B for those babies?

A. No. For those days, no, I was not for those babies. They were not on 4B.

Q. But I am asking you, did you read out the corresponding ones for 4B?

A. No.

THE COMMISSIONER: They didn't ask you who was on 4B on those nights?

THE WITNESS: Not that I recall, no.

MS. SYMES: Q. Did Liz Radojewski

read out the assignments as you demonstrated you had

read them out?

A. Yes.

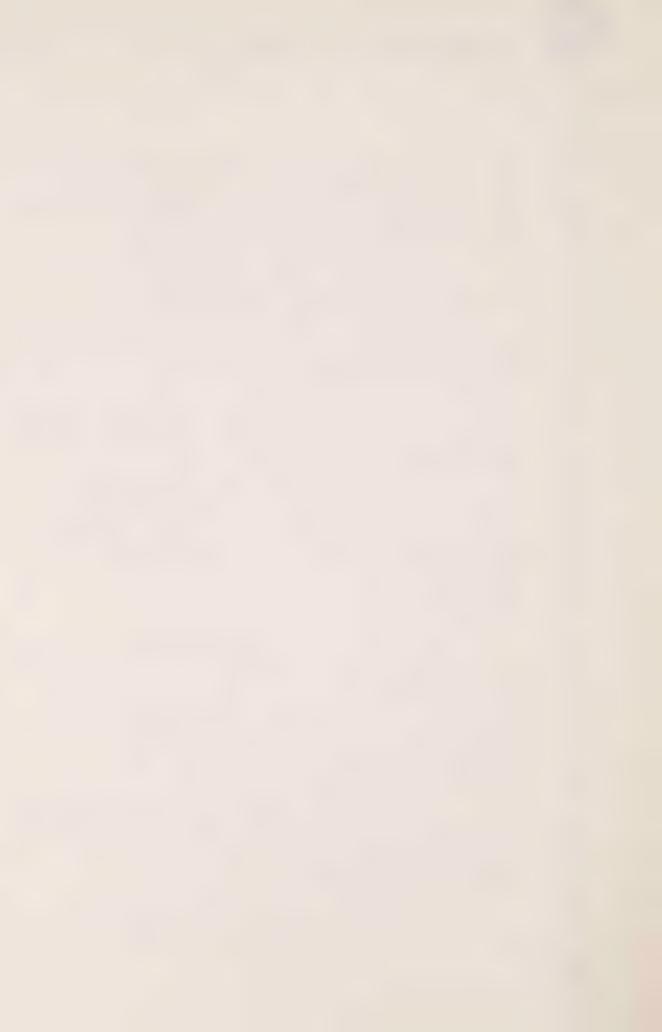
Q. During this time did you see Sqt. Warr take notes?

A. No. I know he had papers in front of him. I did not see him take notes, I didn't look what he was doing.

Q. Were you asked at any time to slow down, you were talking too fast so that he could record what was being said?

A. No.

Q. Were you given any explanation



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as to why you were to read nursing assignments with respect to any babies?

A. There was concern with the high digoxin level of those babies.

Q. Who told you that there was a concern about high digoxin levels?

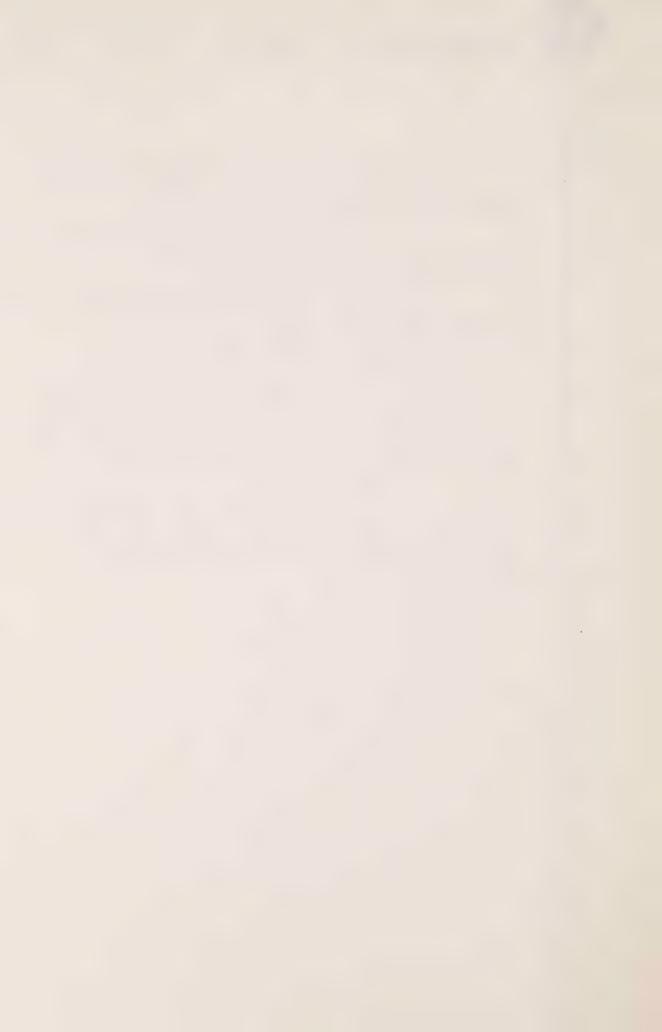
A. Sgt. Warr.

Q. And you said I gather that you knew before you went into the meeting that Pacsai's level was high, the digoxin level was high?

A. Yes.

Q. Did you know from anyone before you went in to the meeting what Miller's and Cook's levels were?

A. No.



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Q.	Did	you	know	that	they	were
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high?

A. No.

THE COMMISSIONER: I take it it is only Pacsai when you answered that question about the babies, it is only really Pacsai you are talking about, is that right?

THE WITNESS: She asked me did I know about a high digoxin level on Miller and Cook and I said no.

THE COMMISSIONER: Before that.

THE WITNESS: Did I know about

Pacsai?

THE COMMISSIONER: Whether Sergeant Warr told you that he was concerned about high digoxin levels of those babies.

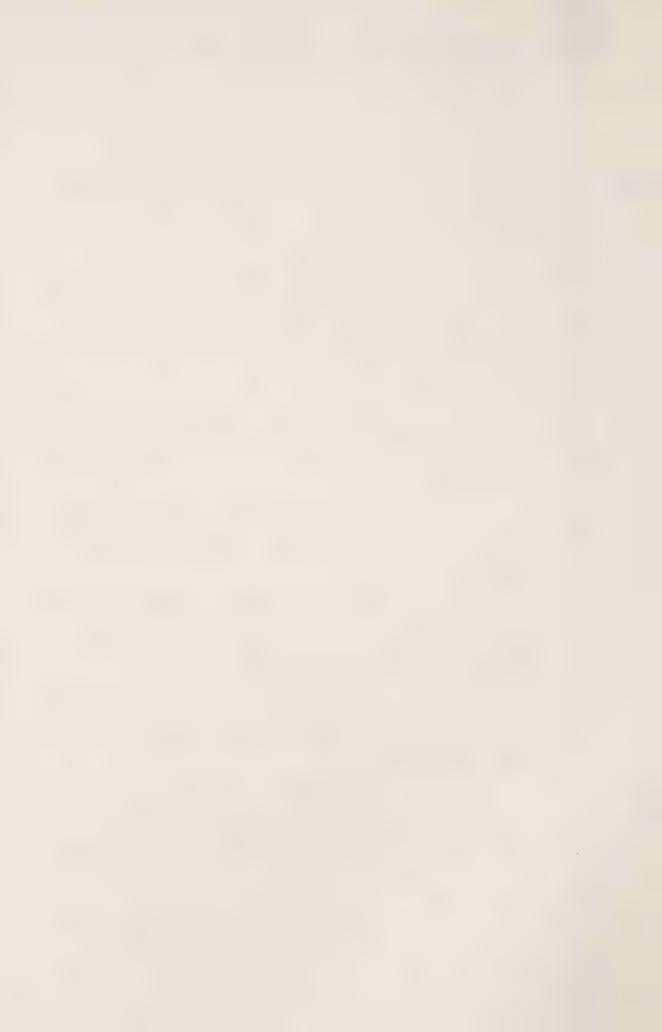
THE WITNESS: Of those four babies.

THE COMMISSIONER: The only one you

read was Pacsai?

THE WITNESS: That is the only one I read out of the assignment book. But I knew, he indicated there was concern with high digoxin levels for the four.

MS. SYMES: Q. So you didn't know then about the digoxin levels either numbers or



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relative nurse for Cook or Miller, did you know anything about the digoxin levels of Estrella?

Not at her death. I did know Α. that while Janice Estrella was alive there was some concern about the way that she reacted to or assimilated digoxin such that her digoxin level was checked frequently and there were periods when her digoxin was withheld, but I didn't know before that that it was a more important, more relevant concern than that.

Did Sergeant Warr tell you 0. that a postmortem level had been taken from this child?

Α. I think that - I only remember hearing him say they had high levels, I don't know that he said postmortem and I was sure I didn't ask him when.

In the reading out of the 0. assignments did anyone speak other than Sergeant Warr, yourself or Miss Radojewski?

> A. No, they did not.

0. Now you had said in evidence to Miss Cronk that Sergeant Warr had muttered something about a pattern.

> Α. Yes.



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worried?

			Q.	Do	you	know	when	that	occurred,
when	in	the	sequence	of	the	events	s?		

A. I think it was in relation to reading the assignment books.

Q. Did he ask you for, ask you or Liz Radojewski for a response to that comment?

A. No.

Q. Is there anything else with respect to the reading out of the names from the assignment book that you can remember at that meeting?

A. Facts, no; our worries, yes.

Q. Can you tell us why you were

A. Because someone from the homicide was concerned about high digoxin levels. for four of the babies from our wards. That was a very powerful additional factor. What we had realized when we were on the wards that something was suspect, there was an investigation of some sort and our normal policies were superceded by unusual policies.

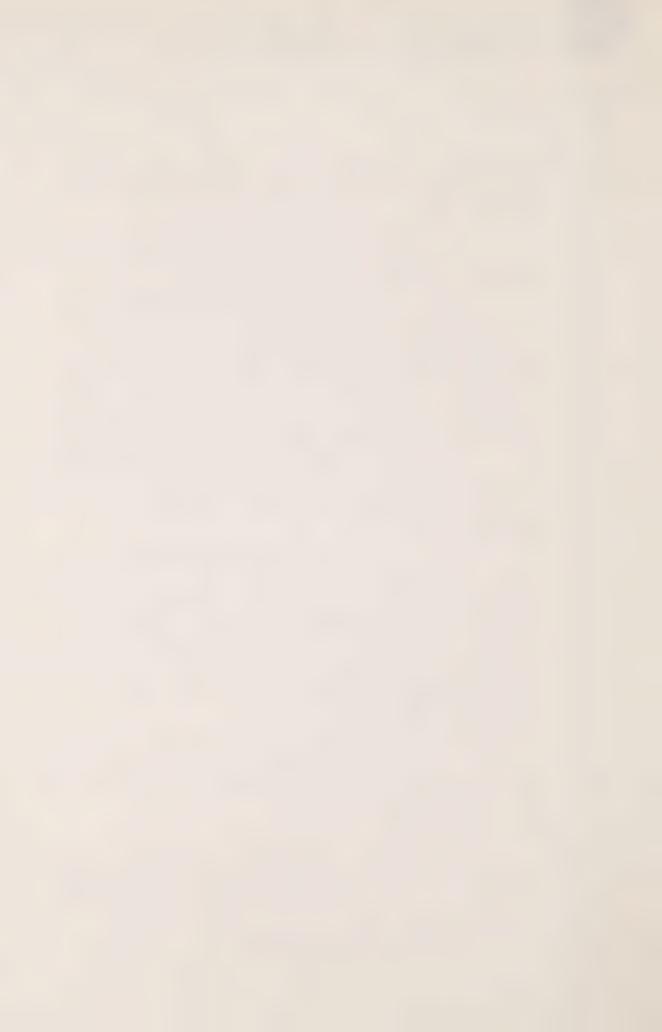
Q. I gather that you said the next area was digoxin, what were you asked about digoxin?

A. How does it arrive on the



ward; where is it stored before it is used; who has access to it.

- Q. And what do you recall answering,
 I quess it is you collectively, is it?
- A. Yes, it is. It is delivered from the pharmacy; it is stored on the shelves in the medication cupboard; the people who would use access to it would be the R.N. administering digoxin, but access was not limited, it was on an open shelf.
- Q. Was there any distinction made or asked between oral digoxin, IV digoxin or tablet digoxin?
- A. I think they were mentioned as different forms and different routes of administration, but I don't recall specifically talking about anything different in the storage, and in fact there was no difference in the storage, they were all stored on the shelves.
- Q. With respect to the third area, that is formula, what was asked and what did you tell him about formula?
- A. Where was formula made, how does formula get delivered to the ward, who brings it, where is it put, how does it get from there to the baby, who has access to it.



were?

Q. Can you tell us what the answers

A. It comes in two ways; the prepared formula comes from the National Baby Food Company and is delivered daily, five days a week. It is put on a cart in the storage room in the ward. The specific recipes for specific babies that formula was prepared in the Hospital in the formula room and was delivered by a porter type person to the ward and put in the fridge on the ward. That is where they stayed until we wanted them and then they were picked up and brought to the baby's room, not necessarily one bottle at a time, it may have been however many babies were going to be fed in that room in the next hour or two.

- Q. Did anyone other than you and Liz Radojewski assist with that answer?
 - A. No.
- Q. And I gather the next area was with respect to access?
 - A. Yes.
 - Q. That is access to the ward?
 - A. Yes.
 - Q. And you have answered what



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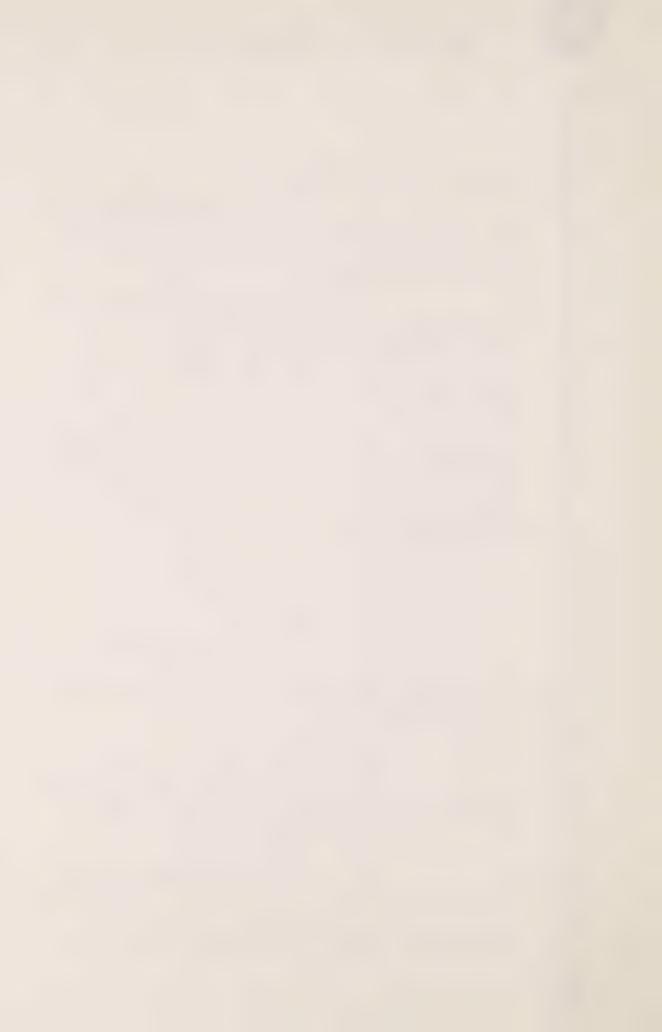
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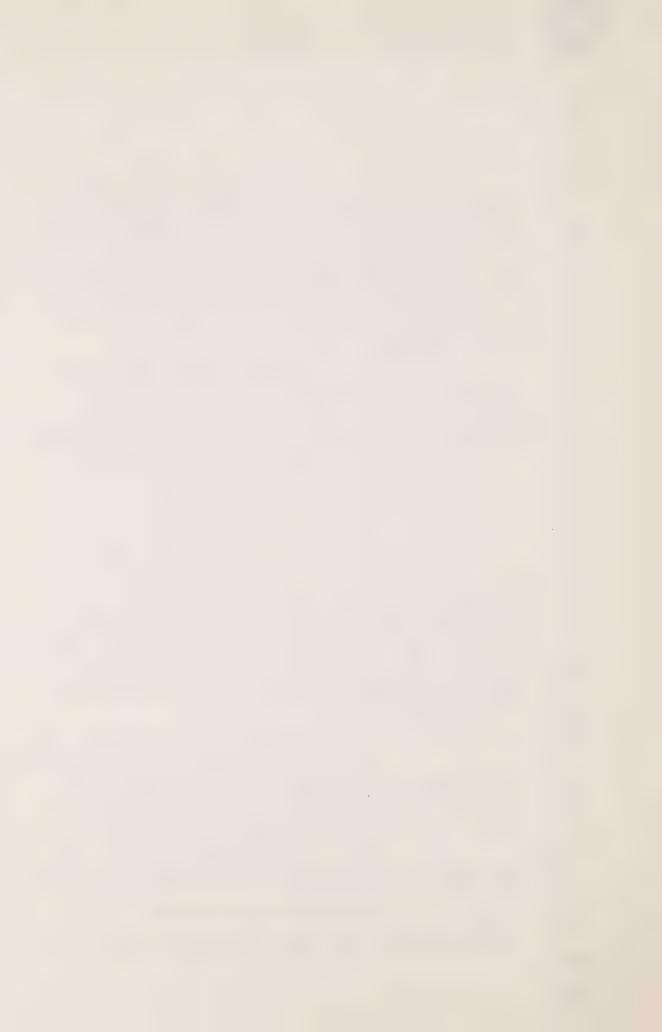
question were you asked?

- A. I think other than the nurses, who would be working on the ward at night would have access to the ward.
- Q. And then you have given the answer with respect to who you said?
- A. Yes, the same as I told Miss Cronk.
- Q. And at the end of the meeting did Sergeant Warr in any way indicate to you what he was going to be doing in the next hour or days with respect to this investigation?
 - A. No, he did not.
 - Q. Did you ask?
 - A. No.
- Q. And I gather that you were told that you were not to talk about this meeting, is that right?
 - A. Yes, I was.
- Q. And that you were to continue the pretense of the coroner's inquest on Pacsai?
 - A. Yes.
- Q. How did that pretense, that is how did it come up that you were to continue the pretense of a coroner's inquest on Pacsai?



A. I can't specifically remember us asking anything, I think we were too frightened to. Either he said it, or we may have said, if this is - if we cannot talk about what happened what are we going to say. We may have said that but I don't recall saying it.

- Q. When you were there in the room meeting with these people were any medical records available, did you see any medical records?
 - A. None that I was aware of.
 - Q. Did you see any?
 - A. I didn't see any.
- Q. When you were talking about the access to the wards, was any mention made with respect to other kinds of nurses than the ones that had been mentioned as specific duty nurses, that is clinical nurse specialists, teaching team leaders or IV team?
- *A. I think only evening and night supervisors, what entered my head to answer at that time as far as other nurses were concerned.
- Q. At that meeting, other than the pretense of carrying on that it was a coroner's investigation into Pacsai, did Sergeant Warr or anyone else tell you that he was working with the



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coroner?

A. No. No, he did not, I left not knowing whether he was or not, or how he got there.

Q. Did you yourself ask any

A. No.

Q. Did Liz Radojewski ask any

questions?

meeting?

questions?

A. No, she did not.

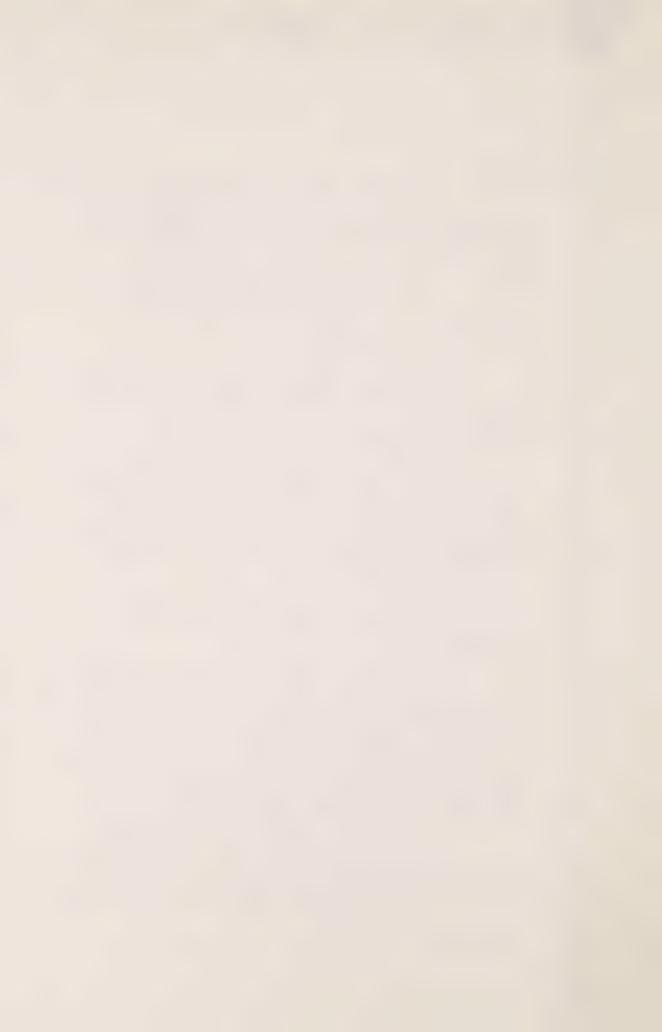
Q. When you returned to the ward I gather there would have been some time, at least I guess two hours before you went off duty.

A. Yes.

Q. Were you asked about the

A. Yes. I think we had said before we went that we were going to a meeting with the coroner and we carried on that we did go to a meeting with the coroner and in fact the coroner is investigating Kevin Pacsai's death.

Q. Now, this meeting that started at 7:00 p.m. at Liz Radojewski's house that night, obviously was going to be an extremely uncomfortable meeting.



A. Ve	ry mu	ch s	0.
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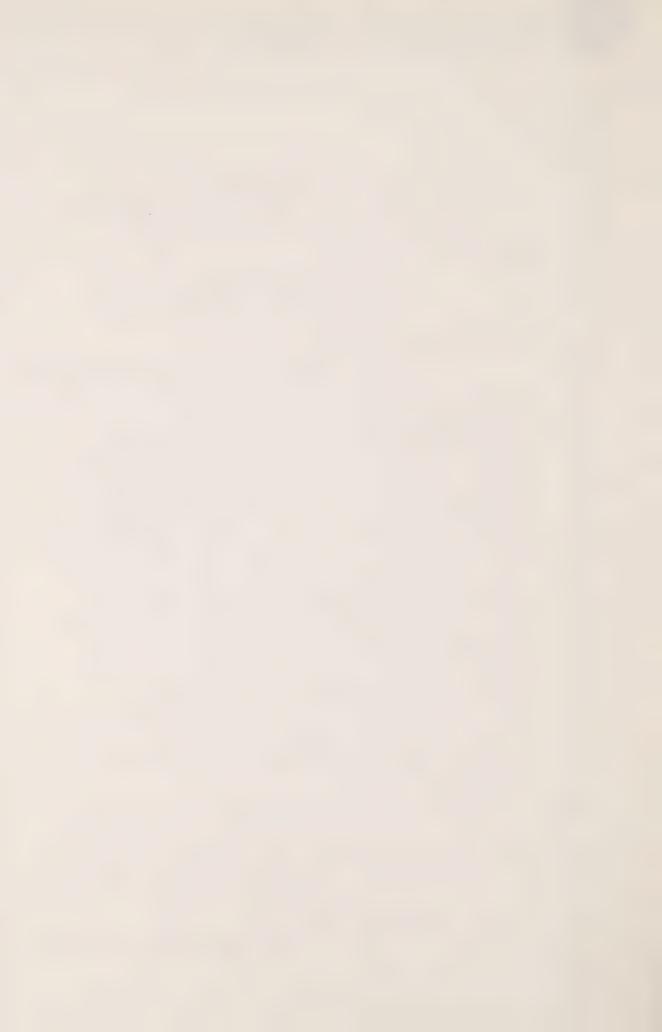
Q. Did you realize that before

you went?

- A. Very much so.
- Q. Was any thought given to cancelling the meeting?

A. No, we had to do it, cancelling it would have been worse than having it. We were very uncomfortable but our custom was to gain support from one another, it is the only way we know how to do it and we were the people that had to live with this situation. No one else seemed to be offering any help at that time and we were too stunned to know what to ask for except to help ourselves by having a meeting to discuss how we could support one another, and how we could clarify a little bit of what was going on.

- Q. Did you have any discussions with Liz Radojewski how you would answer certain questions?
- A. No, I don't think we did, we both knew that we were going to have to be cautious.
- Q. And this meeting, were all nurses invited to attend?
 - A. It was open as far as I know,



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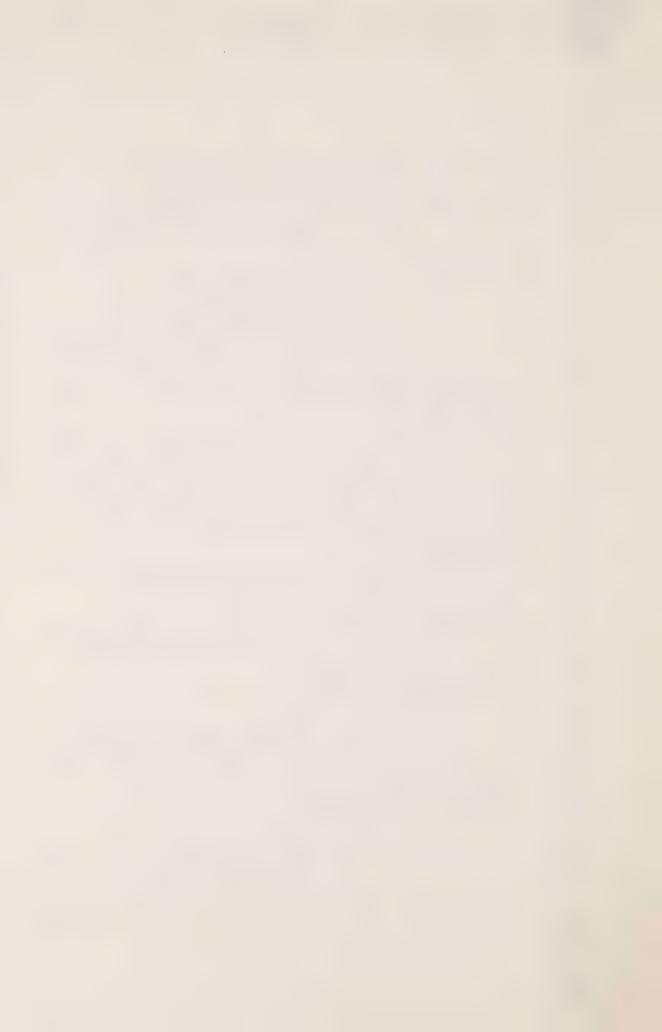
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but I don't remember specific invitations to specific people, but no one was excluded.

- Q. Was the ward clerk included, for example?
 - A. No, she was not.
 - Q. ____It was only nurses then?
- A. Yes, including the clinical specialists and the teaching team leader and the ward nurses.
- Q. Now the notes that you have made which I believe are Exhibit 309, when did you make those notes, your own personal notes that are made an exhibit?
- A. Some time within two or three weeks after Susan Nelles' arrest.
- Q. So that would have been some time in April of 1981?
 - A. Yes.
- Q. And were those your best recollection at the time of what happened in the meeting of March 23rd?
 - A. Yes.
- Q. And during this meeting how did you feel, what was your state of mind?
 - A. I felt very anxious for many



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I felt very anxious for the same reason that the staff did that something was very abnormal and that obviously there was some investigation that must have had some implications on our performance of what went on on that ward. I was - I knew even more than the staff that somebody must be worrying about murder because a homicide officer was involved. I knew that more than just Kevin's death was being considered by Sergeant Warr. But I also knew that I couldn't say that and that made me uncomfortable. I was uncomfortable because I was trying to support the staff but I didn't really know how, I hardly knew how to support myself, what can we do except moral support for each other in a situation like this that is really out of our control. I knew too that I had to, in order to keep the staff functioning at their best, to diffuse anger at the Hospital and show them the reality of the situation, that it wasn't just done by the Hospital because they didn't like us or something, but it was a real and inevitable situation that was to our benefit even though it scared us to death.

Q.

Α.

had been arrested?

When did you learn Susan Nelles

I suspect very soon after she



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was arrested.

0. Do you who you learned it

from?

Α. Anne Evans.

And do you remember - I gather that Susan Nelles was arrested on a Wednesday, and do you remember when on the Wednesday that you spoke with Anne Evans?

About the fact that she was arrested?

> Q. Yes.

She came to us, she had told A. us prior to that a little bit that Susan would be arrested, and then she just came, us means Liz Radojewski and no one else on the ward again, and then she came to us again and said in fact Susan Nelles has been arrested.

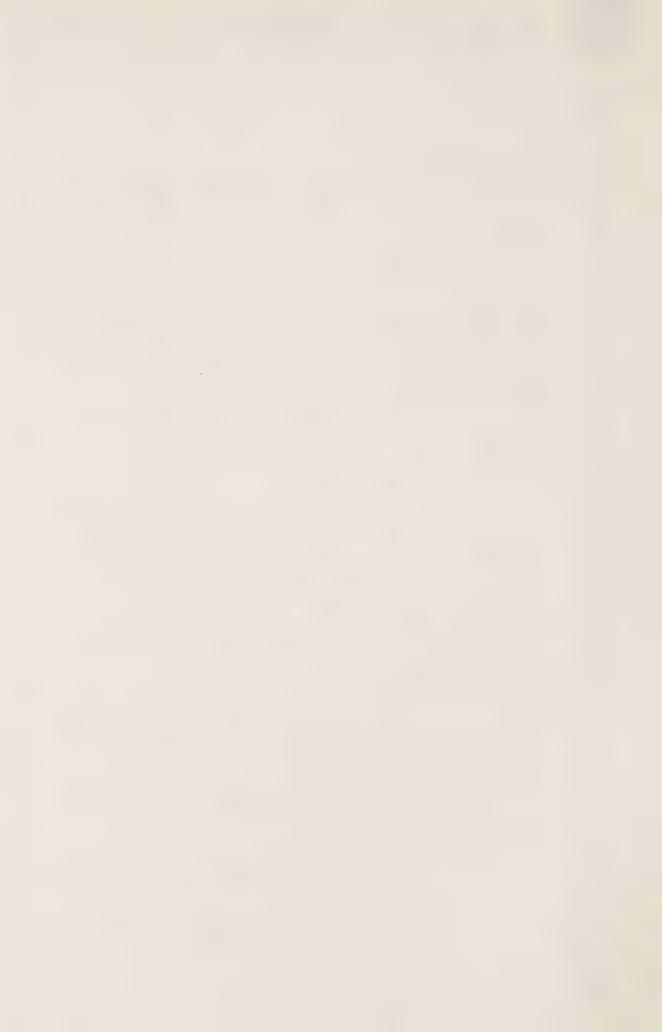
The question to you is, when did she come to you and tell you that Susan Nelles was going to be arrested?

Α. As I remember it was approximately 11:00.

> 11:00 a.m.? 0.

Α. Yes.

MS. SYMES: Mr. Commissioner, I am

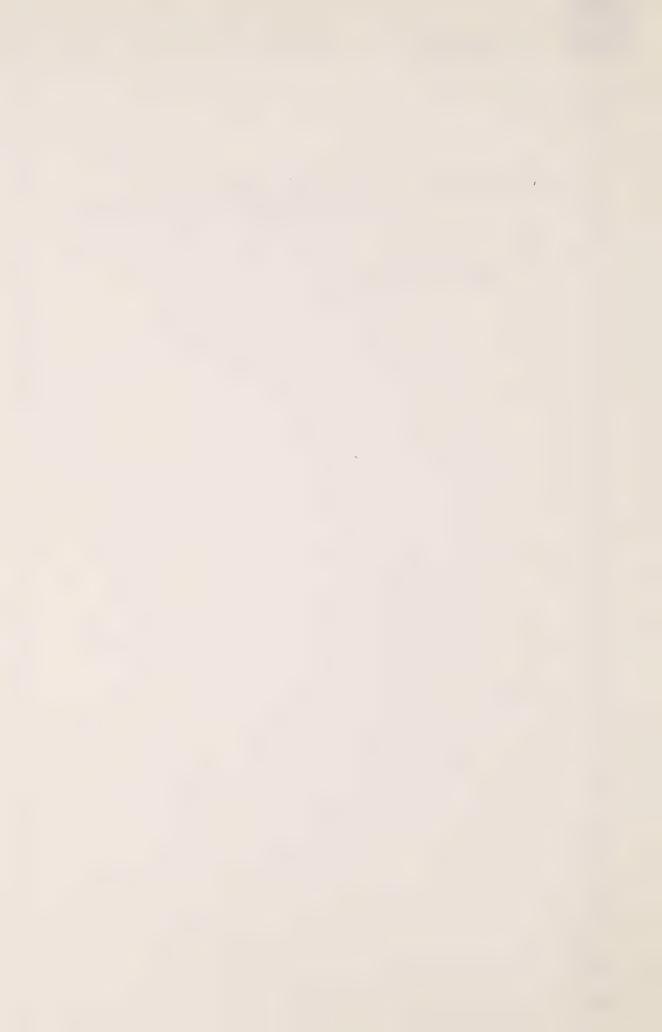


going to move on to another topic.

THE COMMISSIONER: Yes, all right,

then until 2:30.

--- Luncheon recess.





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AA		

--- On resuming:

MS. SYMES: Q. Yes. Ms. Costello, you have been a Registered Nurse for a number of years. Who is your professional organization that governs your practice?

A. College of Nurses.

Q. We have had entered as an exhibit, it is No. 292, the Standards of Nursing for Registered Nurses and Registered Nursing Assistants?

A. That is developed by the College of Nurses.

Q. Are you bound by what is contained within those Standards?

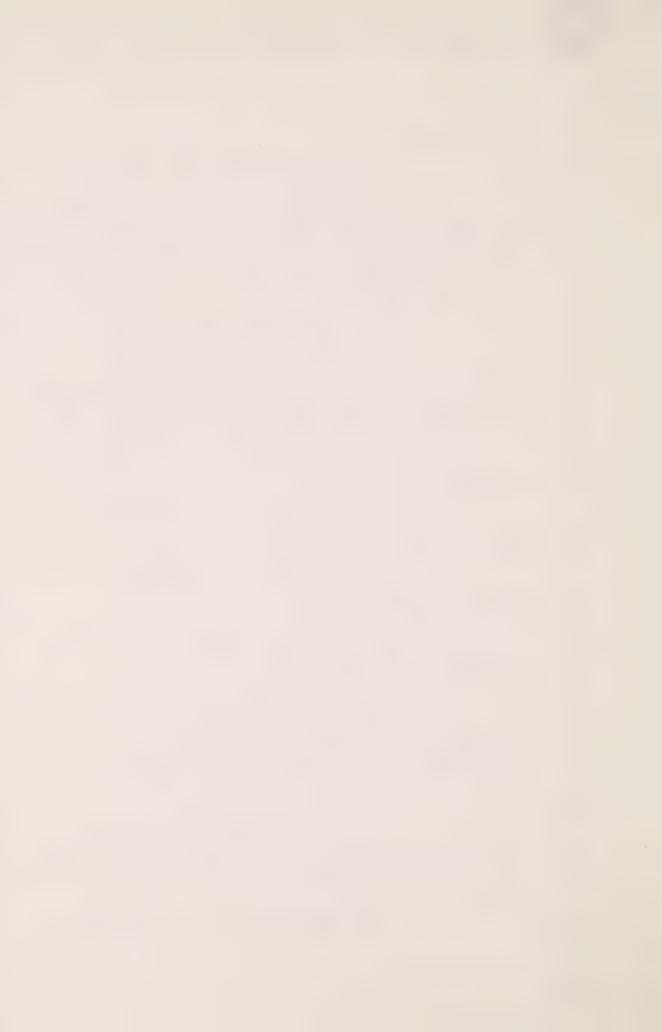
A. Yes, we are. That comes under the Health Disciplines Act.

Q. Is that the body that licenses and takes away licences?

A. College of Nurses licenses and takes away licences, but they are given that responsibility and authority by the Health Disciplines Act.

Q. On page 44 of the Standards of Nursing Practice, there is something called Sanctioned Medical ---

THE COMMISSIONER: Which exhibit?



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MS. SYMES: 292, Mr. Commissioner.

There is something called Sanctioned Medical Acts.

THE WITNESS: Yes.

MS. SYMES: Q. On Wards 4A/4B during the epidemic period, were the nurses qualified to perform certain sanctioned medical acts?

A. Yes, I only remember one specific one that was sanctioned for 4A and 4B, and that was the removal of arterial and central venous pressure intravenous lines.

Q. And who certifies a nurse that she is qualified and can do a sanctioned medical act?

A. A member of the staff such as the teaching team leader who is delegated to do that by the hospital after having been taught it herself by a member of the medical staff at the hospital.

Q So, it is then by institution, employing institution, not by the College of Nurses?

A. No, but it is under the covering statement in the College of Nurses Standards that this can be done by the institution.

Q. So the added nursing skills that are contained in the last section, Section D that start at page 44, there was only one of those things that your registered nurses could do; is that right?





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2 A. As I recall it, yes, the ones on 4A/4B.

Q. I guess it goes without saying that if it was a sanctioned medical act for an RN, a registered nursing assistant could not do this extra duty?

A. No, they could not.

Q. As the Head Nurse on 5A, I gather then that you did most of the hiring of the various personnel that we see in these cases; is that right?

A. Yes, a few were on staff before I came, but most of them I did hire.

Q. Now, in your answer concerning the diagram that is over on the far left of the room, you were asked about the south corridor which is not included on that diagram?

A. Yes.

Q. Is there three patient rooms on the south corridor?

A. Yes.

Q. Were all three of them belonging

to 4B?

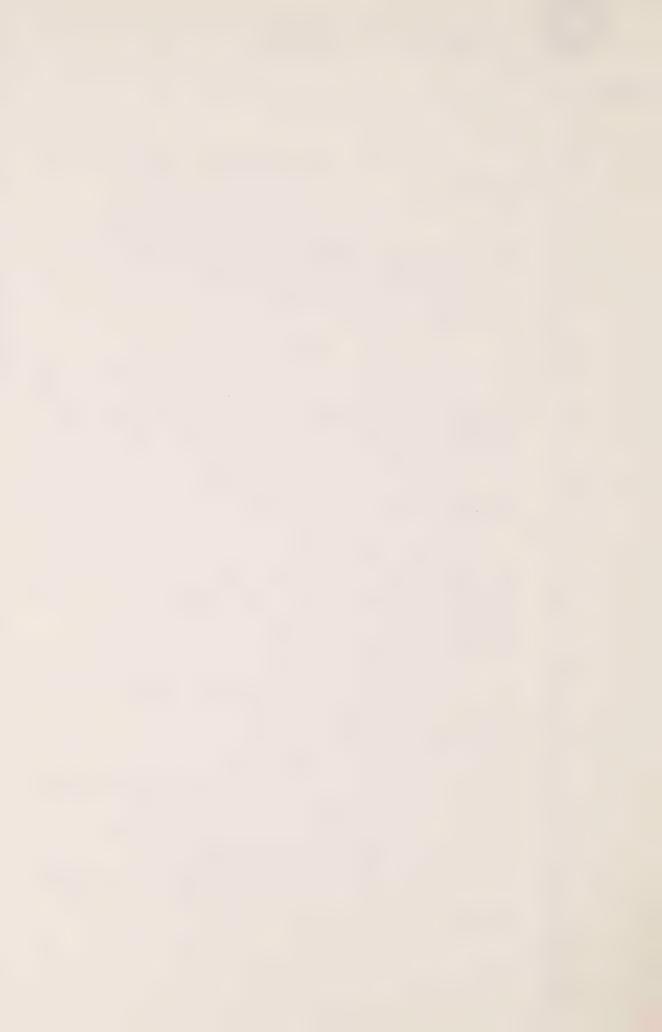
A. Yes, they did.

Q. So the corridor was not split

4A/4B?

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infant beds?

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			A.	No,	the	south	corridor	was	not
We	shared	some	rooms	ther	e a	s well	•		

Q. You shared things like the play-room and the conference area?

A. And the offices.

Q. But all the rest of the rooms ---

A. The patient rooms were all 4B's on the south corridor.

Q. I believe that will be a change, then, in your answer.

A. Sorry.

Q. When you moved from 5A to 4A and 4B, obviously there were a number of changes?

A. Yes.

Q. First of all, there was an increase in the number of beds?

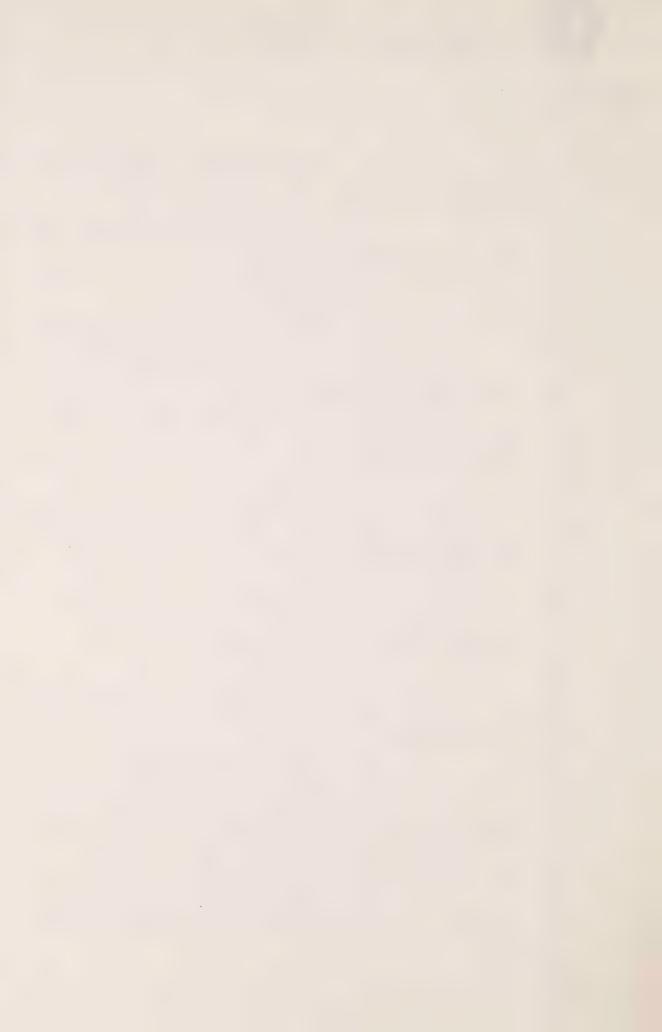
A. Yes, by four.

Q. And an increase in the number of

A. Yes, by six official.

Q. I gather during that time you made changes in your complement of nurses to reflect the increased need for nurses; is that right?

A. Yes, we did. We increased by giving up one RN position. We were allowed to have





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turee	KNA	positions	and a	d Hall	L ward	crerk	positio	Π,
		0.	Was	that	vour	choice.	in oth	er

words, in order to meet the increased nursing needs, was it your choice to give up an RN and get three registered nursing assistants?

A. No, it was not my first choice.

My choice was to acquire more individuals, and of

course, preferably RN's, but you could not do that.

So I agreed with the substitution that was offered.

Q. I gather, then, when you went to two head nurses, then, you had to promote -- you did in fact promote one person to be head nurse?

A. Yes, Liz Radojewski became the head nurse. I personally did not promote her, although I recommended it.

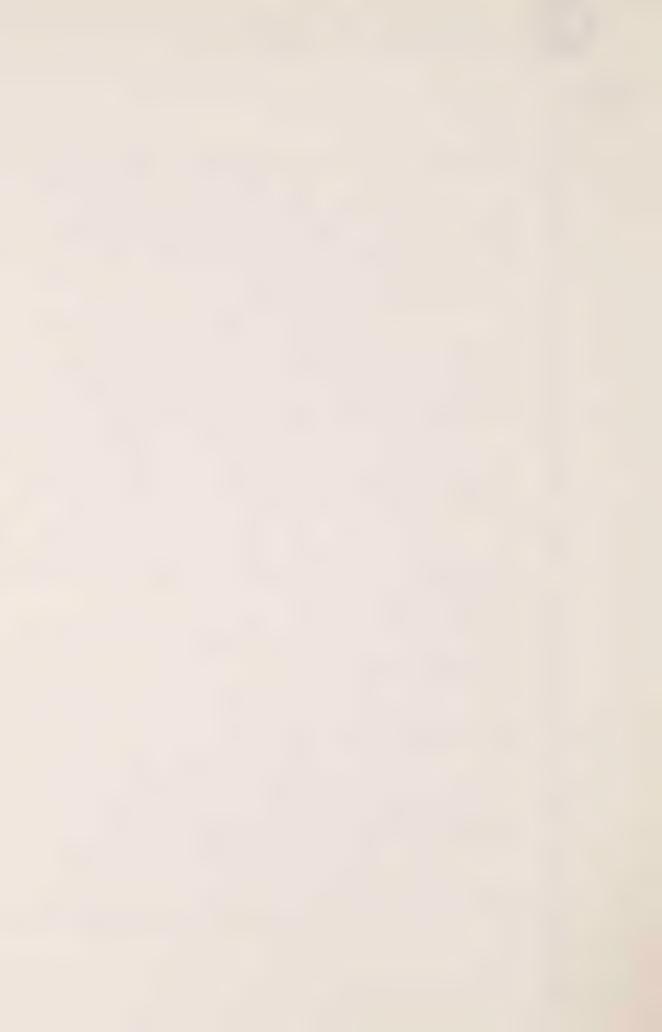
Q. And there was then a need for a teaching team leader?

A. Yes, because Liz Radojewski had had that position on 5A.

Q. I gather, then, that you would promote someone from within -- that is, the nurses on 4A/B to become the teaching team leader?

A. Yes, Diane Croswell became teaching team leader.

And you told usthat the mix between



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days and nights changed?

A. Yes, we switched from the nursing teams, all of the nurses working four weeks of days and two weeks of nights to them working two weeks of days and two weeks of nights.

Q. And as a result, you would have needed one more head nurse and her replacement as a teaching team leader. Did you lose any of your senior nurses?

A. Yes, we did, partially because they were unhappy with the increased night shift they were required to do.

Q. I just want to clear up the answer that you gave with respect to the loss of staff and the replacements. Mr. Registrar, could you show her Exhibits 331 and 332, please?

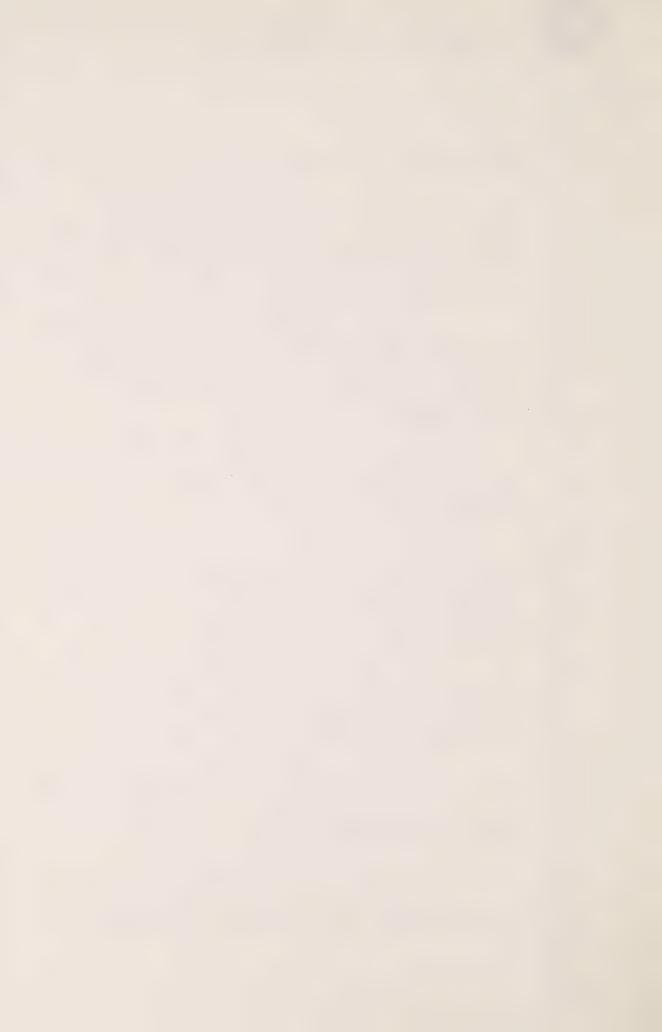
Looking at the Exhibit No. 332, then, I gather by the end of the summer you would have lost four senior nurses in total from Ward 4B?

A. Yes, we did.

Q. How many nurses were lost from 4A by the end of the summer?

A. Five.

Q. I gather, then, that you were able to replace those nurses and your replacement,





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then, in terms of Exhibit 331 shows how many vacancies you had by week; is that correct?

A. Yes, it does.

Q. Now, you had been asked what PRN stood for and you told that it was pending registered nursing status; is that correct?

A. Yes, it is.

Q. Let us take the first one on Exhibit 332. When you hired Mr. Rudanycz, did he fill the position of a registered nurse?

A. Yes, he did, but he could not take full responsibility that a registered nurse could because he had not completed or had not the results of his registration examination.

Q. I believe in answer to Ms. Cronk, there was some confusion as to whether or not he was extra?

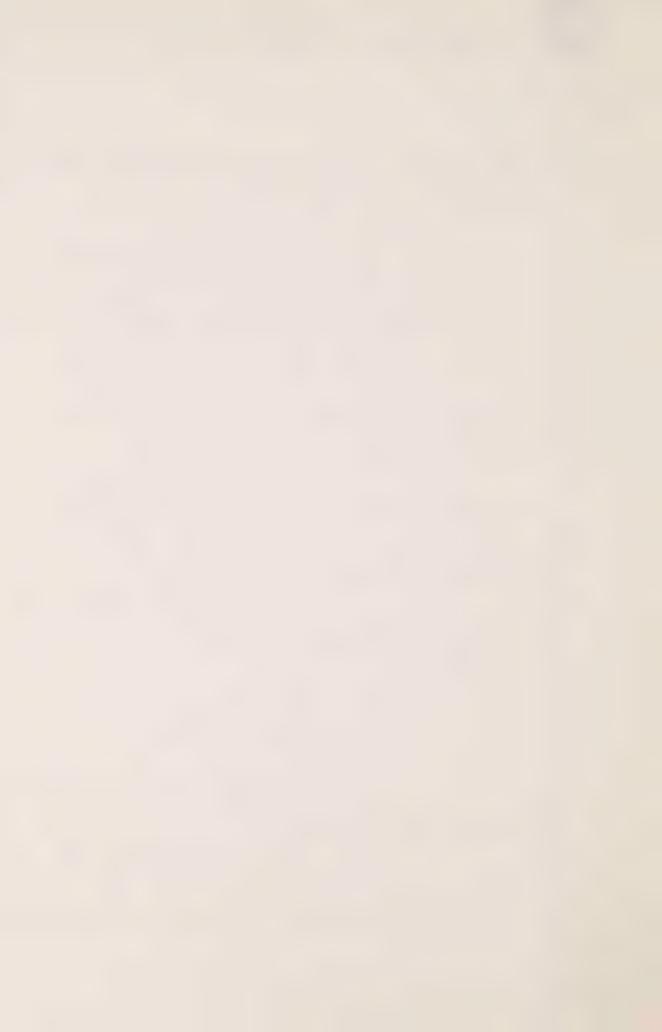
A. No.

Q. He was not extra?

A. No.

Q. What functions can someone who has not been registered do?

A. Within their competence and their learning and their orientation on the ward, they are allowed by the Hospital policy to do anything



except to carry the narcotic keys and to be in charge.

Q. So in terms of filling the vacancies created by the senior nurses' resignation, you had, I guess, one nurse pending registration during the summer and how many did 4A have?

A. They had two.

Q. In terms of recruiting replacement for the senior nurses that had left, did you have any difficulty attracting staff?

A. We did. We had to wait a period of time before we were able to find some of them.

Some of that reason was because individual nurses who had finished university in the spring were going to take the summer off, some of them. There were not generally nurses available and there definitely were not experienced nurses available in any type of experience, and particularly, they were practically impossible to find with cardiology or paediatric experience.

Q. Was this difficulty in hiring unique to Wards 4A/B?

A. No, it was the whole hospital and perhaps the whole city and province.

Q. So other floors or wards at The Hospital for Sick Children might have, from time to





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time, had difficulties in staffing as well?

A. Yes, they did.

Q. With the departure of the senior nurses by the end of the summer of 1980, did you have to appoint new team leaders?

A. Yes, we did.

Q. How many team leaders did you appoint for 4B?

A. By the end of the summer -- just a minute, I have to fumble a little -- two.

Q. And how many did 4A appoint?

THE COMMISSIONER: Where are you getting these answers from, Miss Costello?

THE WITNESS: They are notes that I made working through from WIN sheets.

THE COMMISSIONER: I see. They are not from any of these exhibits, I take it?

THE WITNESS: Not that I am aware of.

Four.

MS. SYMES: Q. In order to be a team leader, is it necessary that the nurse take a course?

A. Yes, The Hospital for Sick Children offered a course for team leaders that consisted of five days, not consecutive.

Q. It also required a lot of





learning	on	the	ward.
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Q. So in addition to the shortages that we talked about, did you have to then release these six people to take this course?

A. Yes, not all at once, of course. It was done within reasonable assignments.

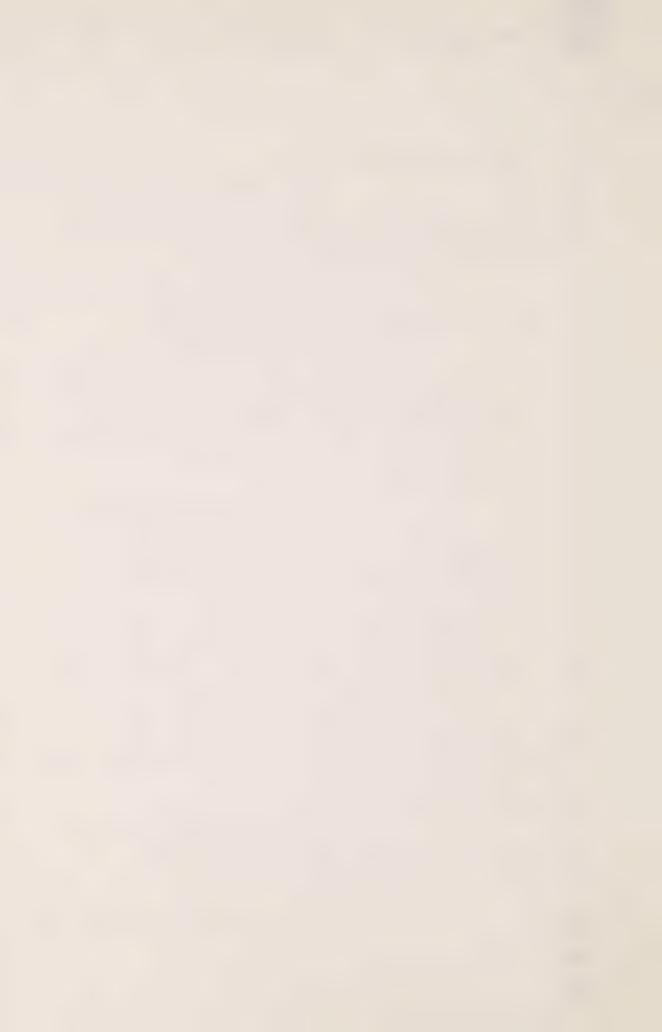
Q. Now, in terms of the hiring that was done in the summer of 1980, the spring and summer of 1980, perhaps you might assist us. How long does it take to orient and train a nurse to the procedures of 4A/B?

them to be relatively independent to work as a team member with supervision and support from the team leader, head nurse and their peers. It takes three to six months, maybe six months before they are quite comfortable to be independent, and to become a team leader it takes much longer than that, perhaps. We would not like to begin them in a team leader experience or in charge on nights until about a year after they had 'come.

Q. So then the Exhibit 331 that you prepared, which shows the vacancies --

A. Yes.

Q. -- is it fair to say, then, that





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during the epidemic period the vacancy shows that in terms of bodies you were not short or not seriously short nurses?

No, not very much.

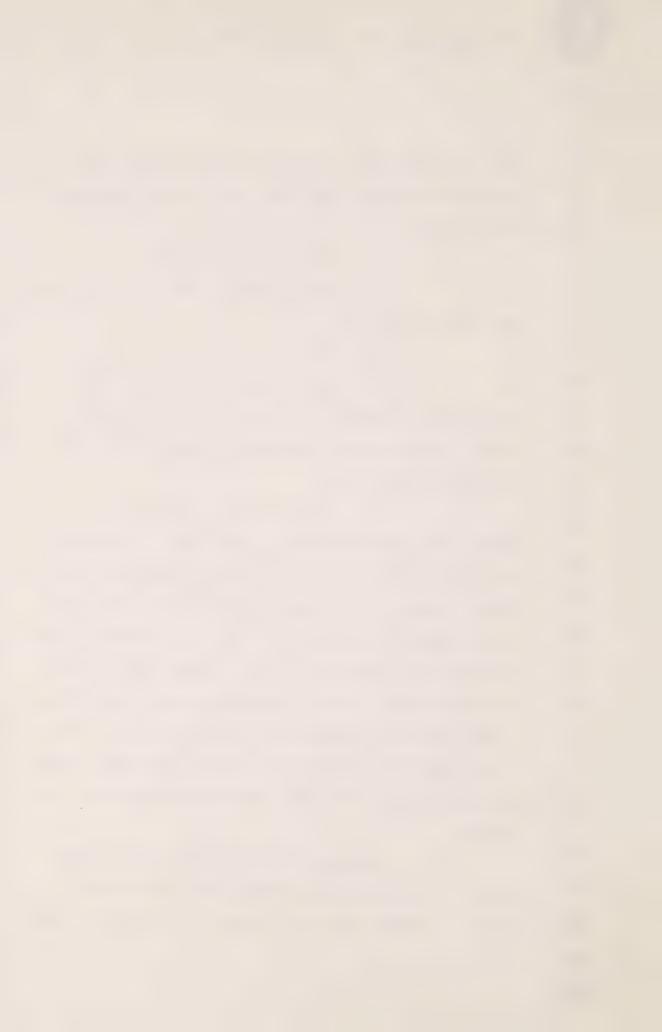
But I gather that you were short experienced nurses?

Yes, we were.

For these, let us call them newer nurses, that is, the ones that are recent hired, did the number of deaths, number of arrests and deaths affect them?

A. Yes, it did. Everyone was alarmed and worried about it, and when I had hired new nurses prior to this and early in this period, I always talked to the nurse in the hiring interview to say there are some things that are difficult about our ward and I want you to take those into consideration before you accept a position here. One of them is that we have a fairly high mortality rate. Many of our babies die in the OR and ICU, but they do die on the ward too, and that seems to average about one a month.

However, as time went on over those months, I was having to change that story to say maybe it is more than that, maybe it is three or four



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a month. That frightened them and the ones that had heard me say it is one a month thought I was lying, I guess.

Q. You had mentioned particularly Bracewell's concern or someone else's concern concerning Bracewell being present at a number of arrests and deaths because she was new?

A. Yes, and that this was a very stressful situation for anyone and more so for someone who was . new to the ward.

Q. Now, in terms of the line responsibilities as a head nurse, who did you report to?

A. The Area Co-ordinator, and during this period her name was ---

Q. Just a second. The area co-ordinator?

A. Yes.

Q. That was the position above you?

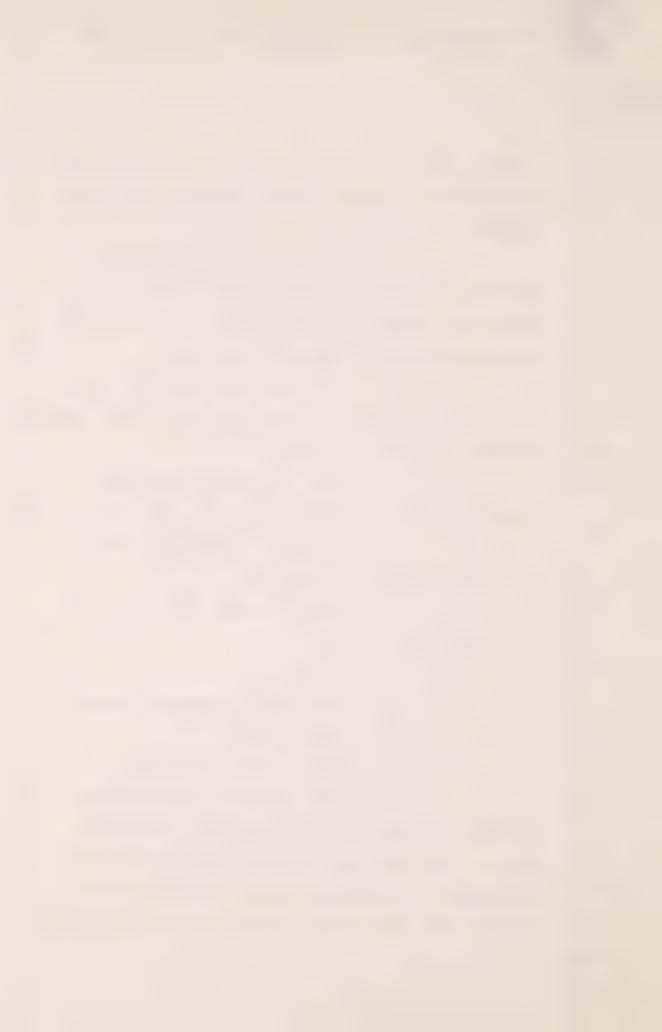
A. Yes, it was.

0. Who did she report to?

A. She reported to the Director of Nursing, to some extent the Assistant Director of

Nursing, but that was a peculiar position because sometimes it was called a Senior Co-ordinator and I

think in the truly direct line, the area co-ordinator



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reported to the Director of Nursing.

Now, just in terms of your job function, if you had a nursing problem, who were you to report it to?

- My area co-ordinator.
- Did there exist a chain of 0. command between the head nurse, say, on 4B and the cardiologists?

No, there was no chain of command. Of course, there was formal and informal and all kinds of communication, but there was no chain of command.

Then I believe you told us that Lea Pyykkonen was normally the Area Co-ordinator?

> Yes, she was. A.

And I gather that she was off for a couple of months in the fall of 1980?

> A. Yes.

And her replacement was Barbara Greenleaf?

Yes, who took that area in addition to her own area for that period.

Now, with respect to the role of team leader, I gather that was a permanent position; is that correct?



team leader?



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A. Yes.

Q. Who chose which nurses would be

A. Head nurses.

Q. So with respect to the choice of who was team leader on 5A before the move, did you make those choices?

A. Yes, I did.

Q. Today, do you still have confidence in your decision with respect to your choice of team leaders?

A. Yes, I still have confidence in my decision and in those people.

Q. In the move between 5A and 4A/4B there was obviously new team leaders chosen?

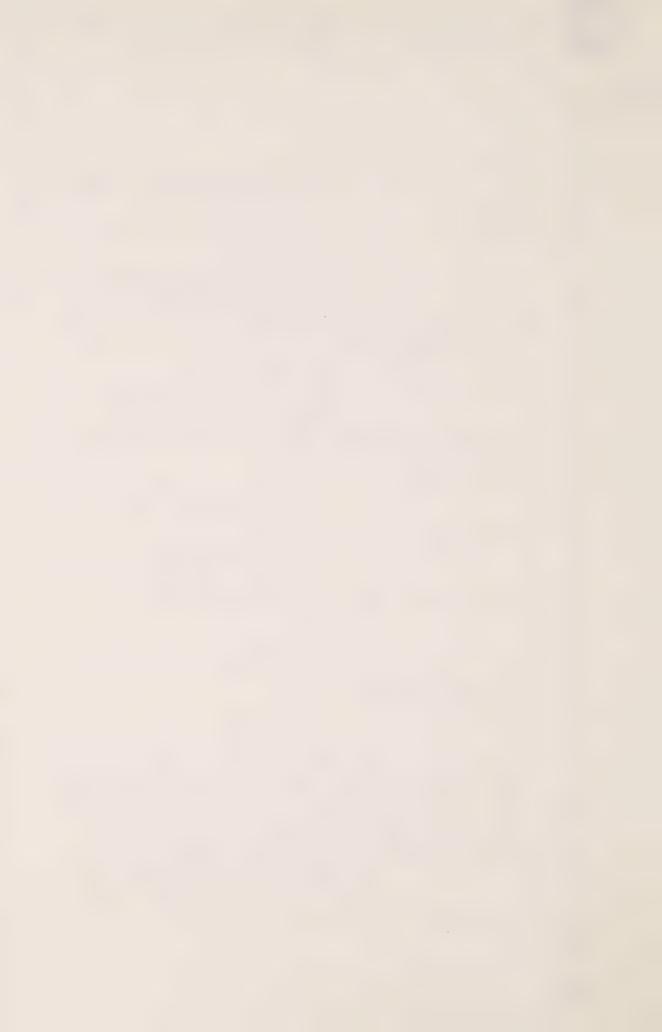
A. Yes.

Q. Was that done in consultation with Liz Radojewski?

A. Yes, it was.

THE COMMISSIONER: In the choosing of team leaders, did you and Miss Radojewski, did you choose the team leaders for both wards or did you choose the ones for 4B and she the ones for 4A?

THE WITNESS: Both are right. When we were making plans for the move we worked together on it.



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THE COMMISSIONER: Yes.

THE WITNESS: On 5A I did it alone, although I may have consulted or as a teaching team leader.

THE COMMISSIONER: And then what would happen then after the move?

THE WITNESS: We would each choose for our own ward.

THE COMMISSIONER: Yes.

MS. SYMES: Q. Well, specifically, did you choose who was then Phyllis Morrin, now Trayner, to be a team leader on 5A?

A. Yes.

Q. Did you choose the nurse to be team leader strictly on the basis of seniority, that is, length of service at the Hospital?

A. No, there have been people who were there for a considerable length of time who would not be competent team leaders and acknowledge that themselves as well and they were never made team leaders.

Q. Now, I want to come to the team leader's duties and just focusing really on nights because that seems to be the area in question.

What did the team leader -- what were her responsibilities



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on nights?

A. She was responsible for patient care, for the quality of it, for the assessment of the needs, for seeing that the needs were met, for the quality of the performance of her staff.

Q. In order to meet that demand of her, what information or knowledge would she need to know about all the babies that were on her side?

A. She would need to know their complete condition, she would need to know their complete treatment, which was medical and nursing and physiotherapy, because there are no physiotherapists there at night either.

 \mathbb{Q}_{\bullet} Would she know when a patient was to receive drugs?

A. Yes, she would.

Q. And was it her responsibility to make sure that drugs were given?

A. Yes, it was also the person who was giving it but she as team leader would also be responsible.

Q. And that they were given at the correct time?

A. Yes.

Q. Now, we know that Registered



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Nurs	sing	assi	stants	were	not	supposed	to	give	dru	ıgs.
Who	on	long	nights	gave	the	medicatio	ons	for	the	RNA

A. An RN, which could have been the team leader but if her load was heavy sometimes it was divided and that should be evident in the assignment book that one RN is giving them for one room, the team leader for another room, for example.

Q. Now, during the night, the long night shift, if an order was received from a doctor with respect to the care of a patient, who would receive that order?

A. The team leader would. She would transcribe it and put it into action and inform the nurse if the nurse with the patient was not already aware of that.

Q. Who would transcribe the doctor's order and make out the medication tickets?

- A. The team leader would.
- Q. Could you tell us why this, obviously an important task, was assigned to the team leader position?
- A. Because she was the most responsible person there, because she needed the knowledge for it and to allow the nurse to continue the care of her patients rather than come to the desk



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to do this.

who would see the doctor?

Q. If a nurse assigned to the care of a particular patient had a problem with that care, who was she to consult with?

A. Team leader.

Q. And who would make the decision as to whether or not to call a doctor?

A. The team leader would.

Q. And when the doctor came,

A. The team leader would and probably the nurse who was with the patient would.

Q. Can I fairly say that the team leader was the manager on nights?

A. Yes, she was.

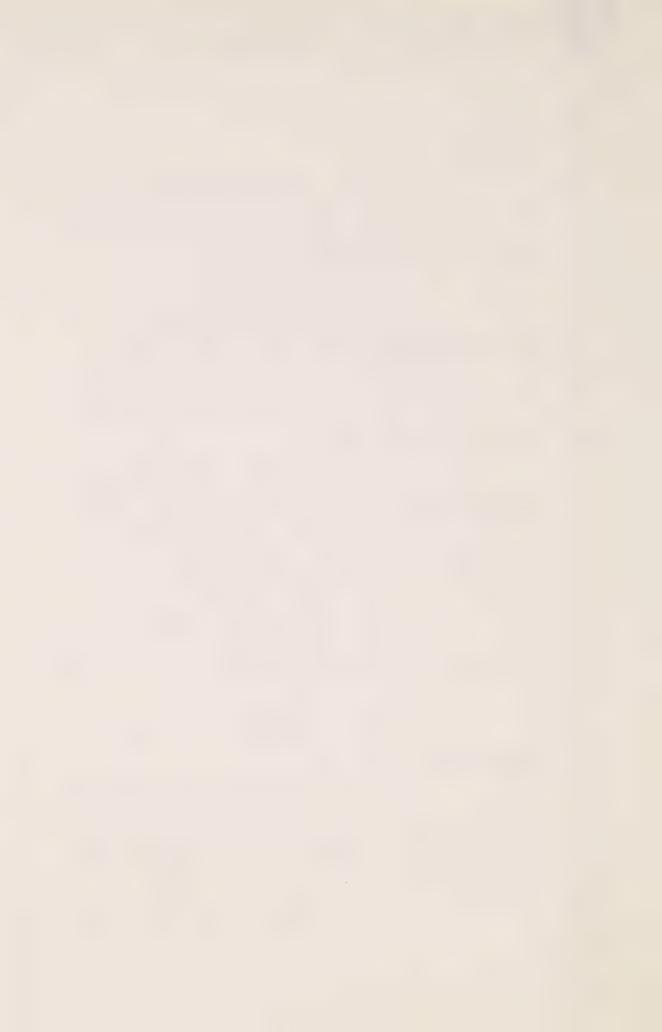
Q. And was she to know about all the care and all the conditions of all the babies?

A. Yes.

Q. And was that a realistic demand of her?

A. Yes, it was a realistic and necessary demand of her when conditions were stressful, as I have said, I suppose, that was one more stress but it definitely had to be her assignment.

Q. And if a patient's condition



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changed during the night, did the team leader have the authority to change the patient assignments?

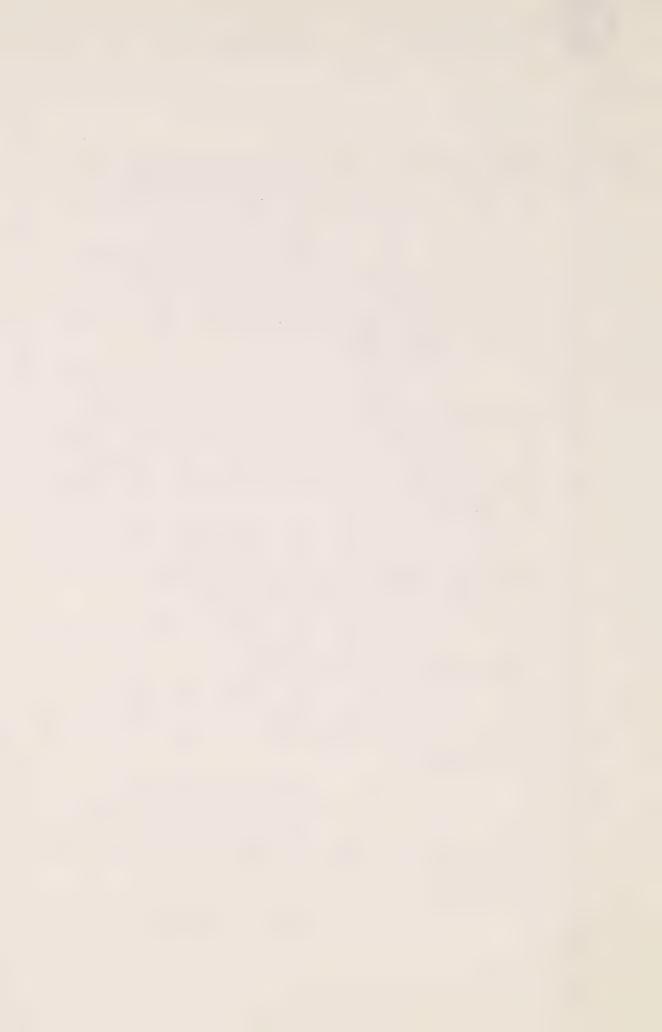
- A. Yes, she did.
- Q. And how would she indicate in the assignment books that she had changed the position, let's say, for example, the one that you had done in the day?

A. Likely she would erase the pencil and write it in. Likely she would do that if it happened at the beginning of the shift; if it happened later in the shift she may not have recorded it anywhere.

Q. So, that would explain why there are a number of handwritings in the assignment portion of the books, is that right?

A. Yes, plus the fact that team leaders did it on the weekends.

- Q. Now, during the epidemic period I gather you were not on the unit dose system, is that right?
 - A. No, definitely not.
- Q. Had that system, the unit dose system been discussed before, before July of 1980 at the Hospital?
 - A. Yes, it had been discussed.



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wasn't?

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It had been discussed throughout the Hospital, it was something that the nurses wanted, something that pharmacy with the financial state at the time were unable to provide. Other than a discussion the only formal request that I remember being made for it was made by the Senior Nurses' Association.

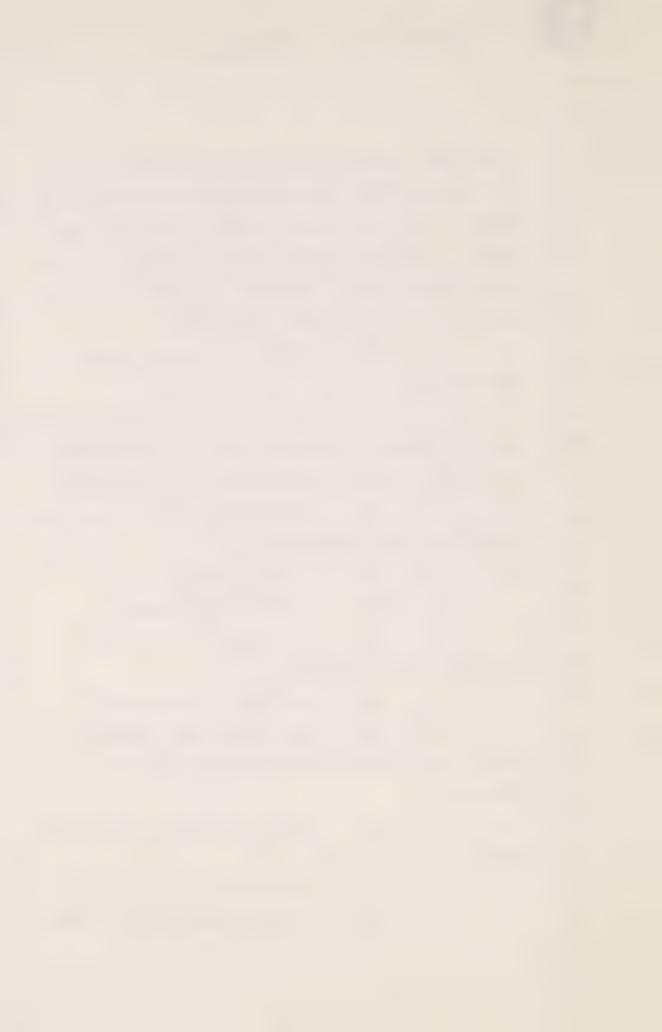
Q. Who is the Senior Nurses'

Association?

A. It is a group of nurses including the Director of Nursing, the Area Coordinators, the evening and night supervisors, the head nurses.

Q. And when was this -- you said it was a written recommendation?

- A. Recommendation.
- Q. When was that made?
- A. I think about 1979/80, I don't have a record of it.
 - Q. And was it implemented?
- A. No, it was not implemented while I was on staff at The Hospital for Sick Children.
 - Q. Were you given reasons why it
 - A. Financial.
 - Q. From a nursing point of view,



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error.

can you tell us why the unit dose system was desired?

A. In any hospital there is quite a bit of calculation to do about doses because the pills don't come in the right size but in a pediatric hospital that is really emphasized, that almost never does a dose come so that you can give a whole pill to a child. So that almost every medication that was given had to be calculated. If we had a unit dose system that would be done by the pharmacist, it wouldn't have to be learned and the individual nurses giving the medications would not have had to develop competency and take the risk of error in doing these calculations.

The unit dose system provides for the medication to come from the pharmacy in single doses for single patients and to be stored for the single patient which should minimize the possibility of using it for another patient.

The record for recording the medication given stays with the medication cart and each medication would be recorded as it was given to each patient.

All those should reduce the risk of

Q. Did medication errors occur



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on Ward 4A/4B?

A. Yes, they did.

Q. What kinds of medication errors are you familiar with as having occurred?

A. The wrong medication being given, the wrong dose of medication being given, the wrong patient being given the medication, the medication being given at the wrong time, the wrong route being used for medication administration. I can't remember now what all I said. Did I say it may not have been recorded?

Q. You hadn't said that. If an error was detected what would the procedure of the person detecting it, what was she to do?

A. She would report it to the team leader or me or whoever and it would be immediately reported to the doctor in charge of the child so that he could use his judgment to see if something needed to be done because of it and an incident report was completed.

Q. Did the Head Nurse get a copy of these incident reports?

A. Not a copy but I saw the original.

Q. Did you keep copies of them?



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Α.	No,	I	did	not
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Q. Were incident reports used in disciplining nurses?

A. Only if a pattern was developed and there was a reason to worry about the competency in the particular area for a particular nurse. One of the reasons for that, if they were counted up and somehow put in the person's file of course she would be afraid of it and it could intimidate people so that they would prefer not to report them. We hoped that by not using them, that way honesty was encouraged and more were reported.

Q. How many incident reports have you seen that relate to medication errors during this epidemic period?

A. That's a funny question because right now in the last few weeks I think I have seen seven but how many I saw during those months my memory doesn't tell me.

THE COMMISSIONER: Surely that information is available from the Hospital, isn't it?

MS. SYMES: We haven't been able to get it, sir.

THE COMMISSIONER: I'm sorry, what?

MS. SYMES: We have not been able to



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get it.

MS. CRONK: Well, Ms. Symes may not have gotten it from the Hospital, sir, but it is my understanding that she was delivered a copy of all incident reports in respect certainly of the children at issue on those wards during the nine-month period and I would take that perhaps to be the seven that this witness has just referred to.

MS. SYMES: But, Mr. Commissioner, that was not my question. My question is with respect to all babies.

MS. CRONK: That was the answer.

MS. SYMES: I appreciate that I

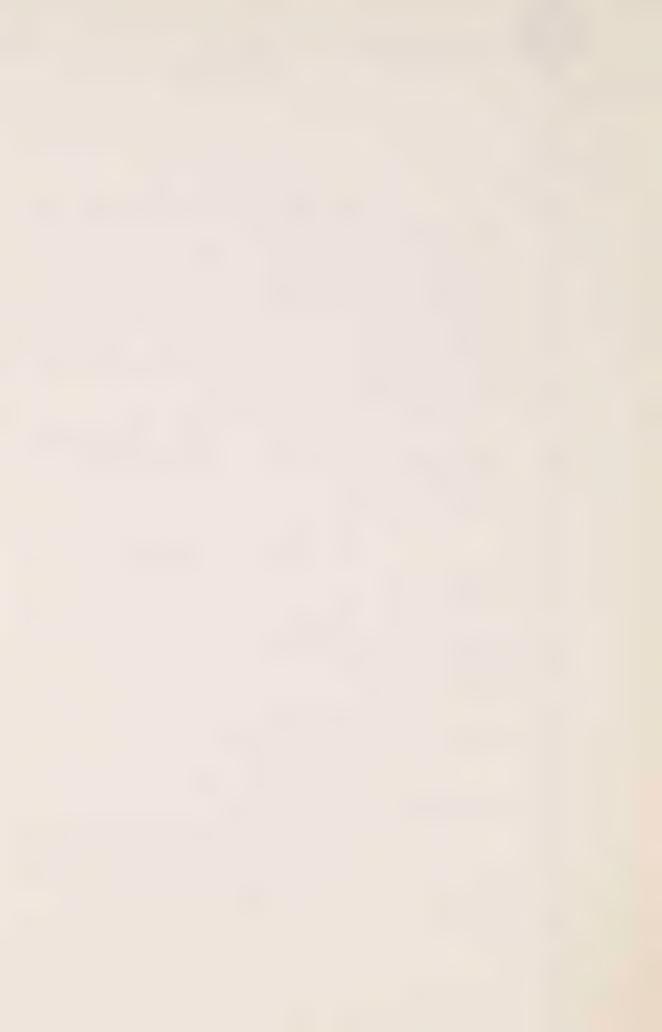
received --

THE COMMISSIONER: Well, the information is obviously available if we think it is important.

MS. SYMES: Perhaps I will just carry on with respect to these questions.

Q. Miss Costello, are all medication errors detected?

A. No. I don't think that they are. I would base that opinion on studies that have been done by experts. We feel that only a small percentage are detected.



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With respect to the administra-Q. tion then of the drug digoxin we know that it came in three forms: the oral elixir, the tablet form and the IV form.

> Yes. Α.

The ampoule form. That is Q.

three different forms, I quess?

Α. Yes.

Who could give the elixir? Q.

Qualified nurse. Α.

Who could give the pill form? Q.

The same. Α.

0. A qualified nurse?

A qualified nurse would, in Α. that instance, including RNs or supervised students.

> And who could give the IV 0.

digoxin?

MD, doctors; on our ward. A.

Could a Registered Nusring Q.

Assistant give digoxin orally?

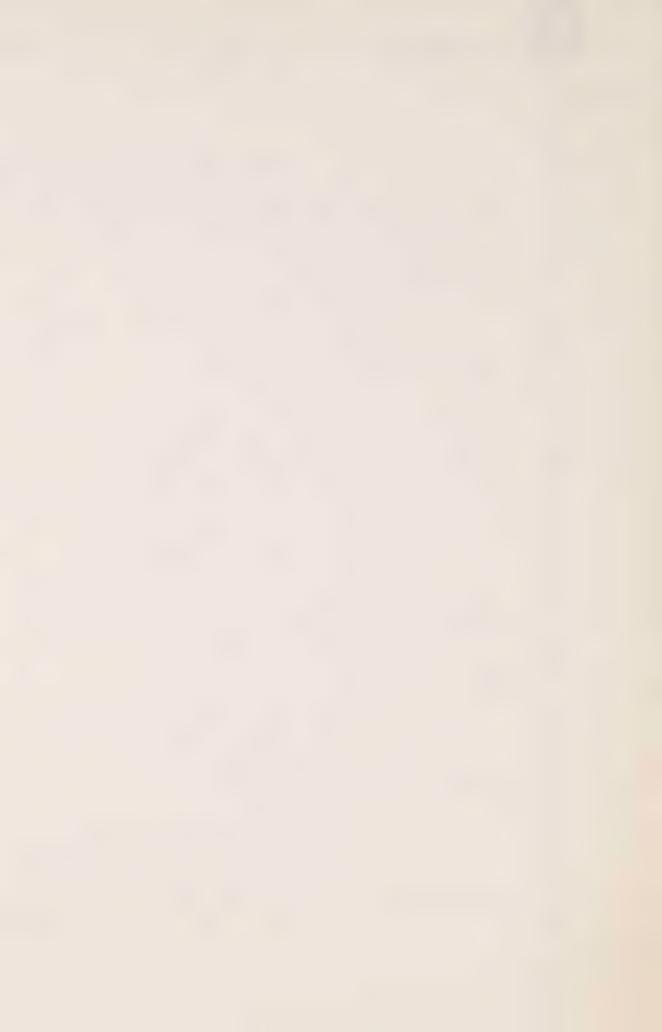
Α. No.

Would a Registered --Q.

THE COMMISSIONER: I'm sorry, could

a Registered Nurse give digoxin what?

MS. SYMES: Could a Registered Nursing



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Assistant give digoxin orally?

THE COMMISSIONER: Yes. Well, if she is a qualified nurse she would.

THE WITNESS: The policy of the Hospital said that Registered Nursing Assistants could give oral medications but in practice they rarely did and I don't think they ever give digoxin.

THE COMMISSIONER: Yes, we have had that before.

MS. SYMES: O. Is this one of the drugs that a Registered Nurse might give to a Registered Nursing Assistant to administer to a baby?

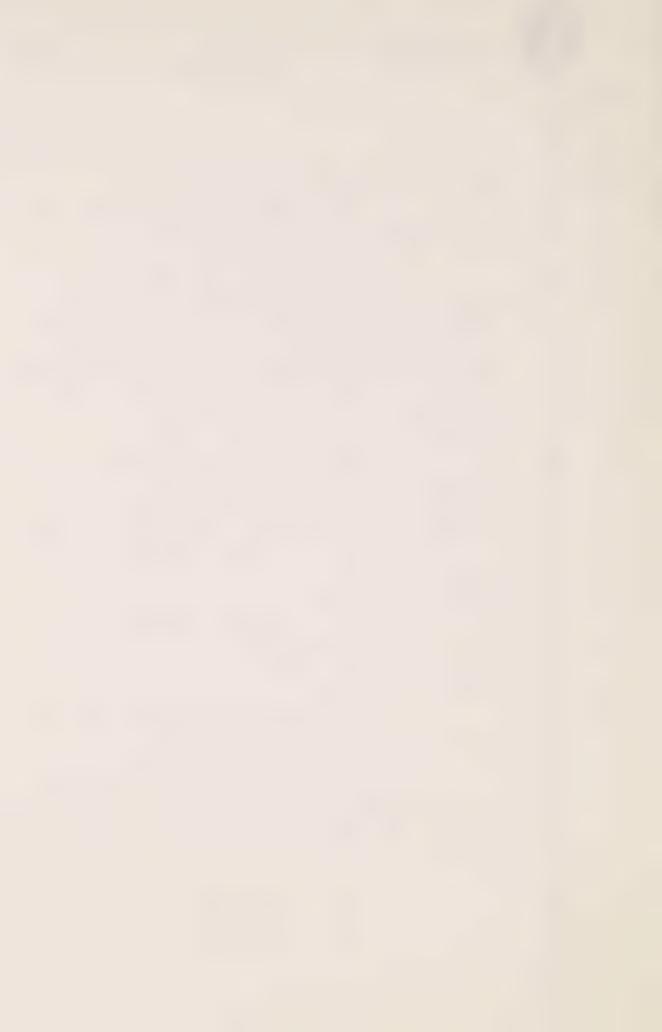
I think that would be very Α. unlikely.

Q. You say, you have told us before that digoxin then was a drug in which nurses double-checked?

The calculation of the dose Α. and the actual measurement of the dose.

So, at the meeting on March 23rd when Susan Nelles is talking about double-checking with Mary Jean Halpenny, is that what she is referring to?

- A . Yes, it is.
- And there is no record or Q.



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at that time there was no record kept of the doublecheck?

A. No, there wasn't, not in

 $\ensuremath{\text{Q}}_{ullet}$ What was the normal route for the children on 4A/4B for digoxin?

A. Oral.

Q. How often was the IV form

used?

writing.

A. Very rarely.

Q. With respect to borrowing of drugs, if either 4A or 4B was short a drug, where could they obtain the drugs, let's say after pharmacy had closed?

A. From another ward. The most likely and the most convenient would be their partner ward, but they could obtain it from any ward.

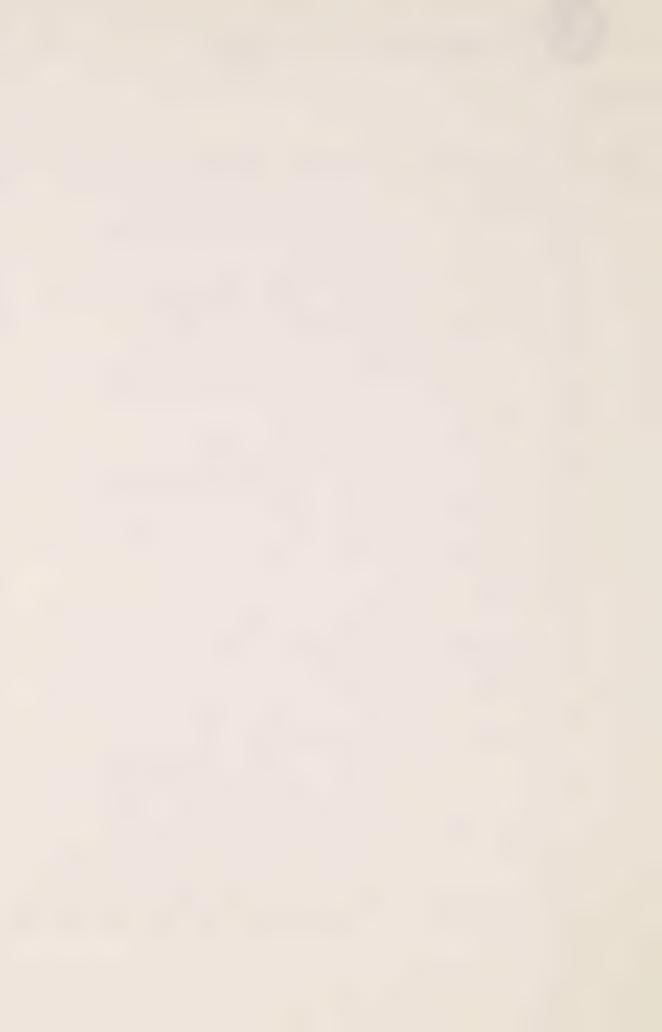
Q. So, if there was a shortage on 4A they would first look to 4B?

A. Likely just for steps' sake.

Q. Okay. And if 4B didn't have

it, who would search for it on other wards?

A. Someone would telephone the other wards. They might ask the supervisor for help, they might do it themselves or they might even delegate



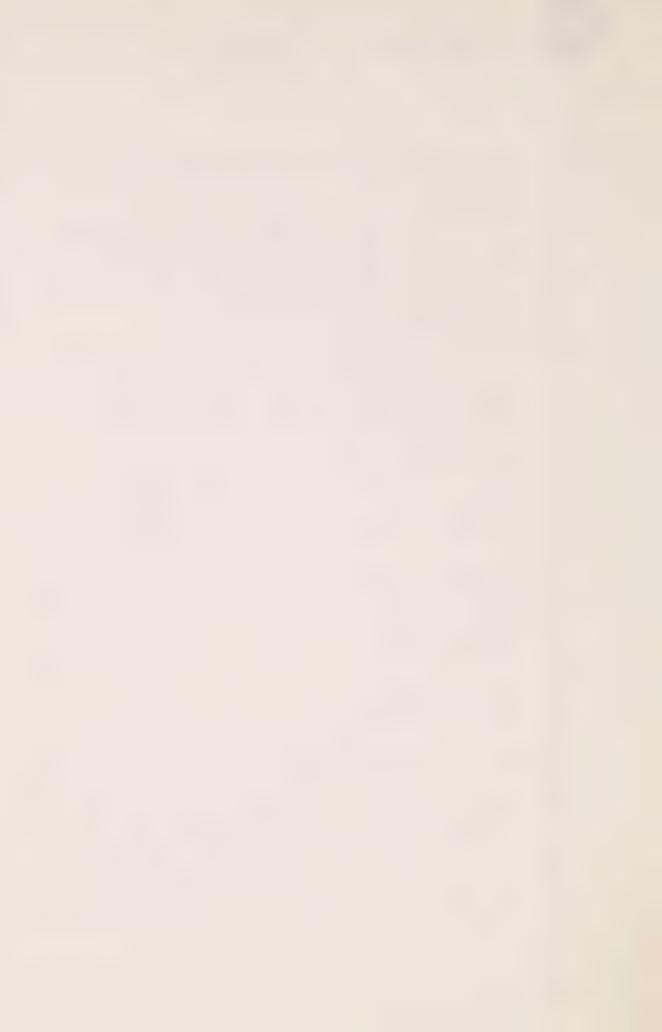
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to	the	clerk	to	phone	the	other	wards	to	ask	ïf	you
nav	ne so	ome.									

- Q. And I gather you have told us that there was no record kept of the borrowing of the drugs, neither the amount nor the drug unless it was a narcotic?
- A. A narcotic or a controlled drug or a large amount like a whole bottle full. That would mean something that we would have to pay back for budget purposes.
- Q. Is the borrowing of drugs from one ward to another a good practice?
- A. No, it would be ideal to have all the drugs that you need at all times in the 24 hours and seven days a week on the ward or available directly from pharmacy.
- Q. Could you explain why it is not a good practice?
- A. It takes time for one thing.

 It involves other people, it involves trust of other people, although I surely hope that no one would take a medication without carefully reading the label but it does require taking it from the container that it was in on that ward into something you are going to carry it in back to your own ward and making your own



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label for that and hoping you don't make an error.

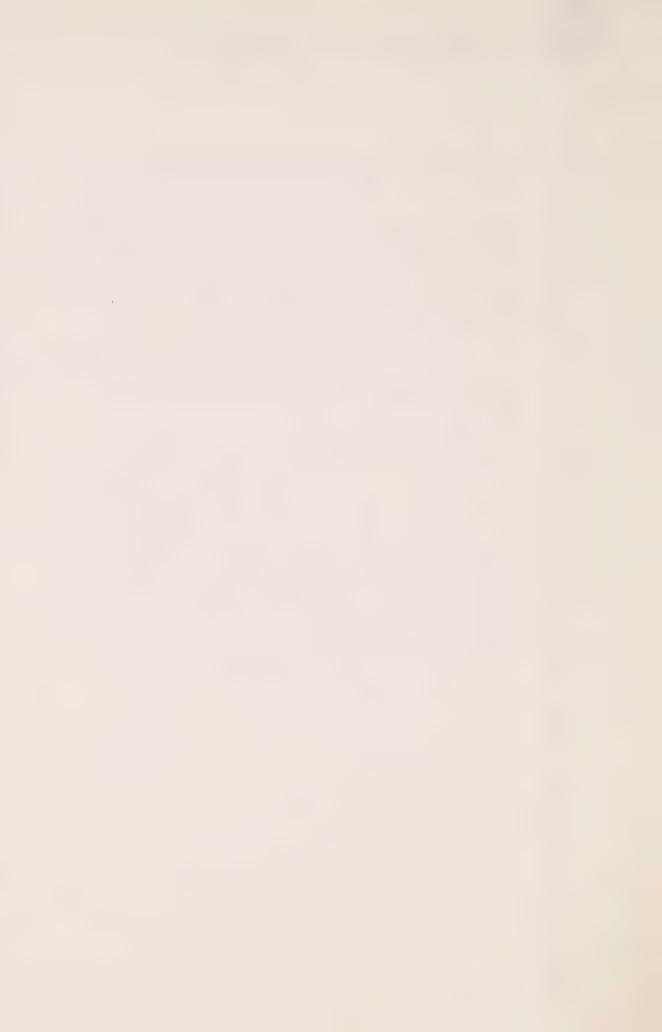
Q. Dr. Kauffman, who was an expert in these proceedings, said and, I'm sorry, I don't have the reference, I can get it, it was his opinion that it could increase error. Do you agree with him?

THE COMMISSIONER: It is his opinion,
I'm sorry, that leads to errors, is that what you
said?

MS. SYMES: Yes, it could.

- A. Yes, I think it could.
- Q. Now, you had said at the first day of your evidence at page 1028 the pharmacist was hired in December of 1980 or, at least, it was recorded in the transcript as December of 1980. When in fact was she hired?

A. September 1980.



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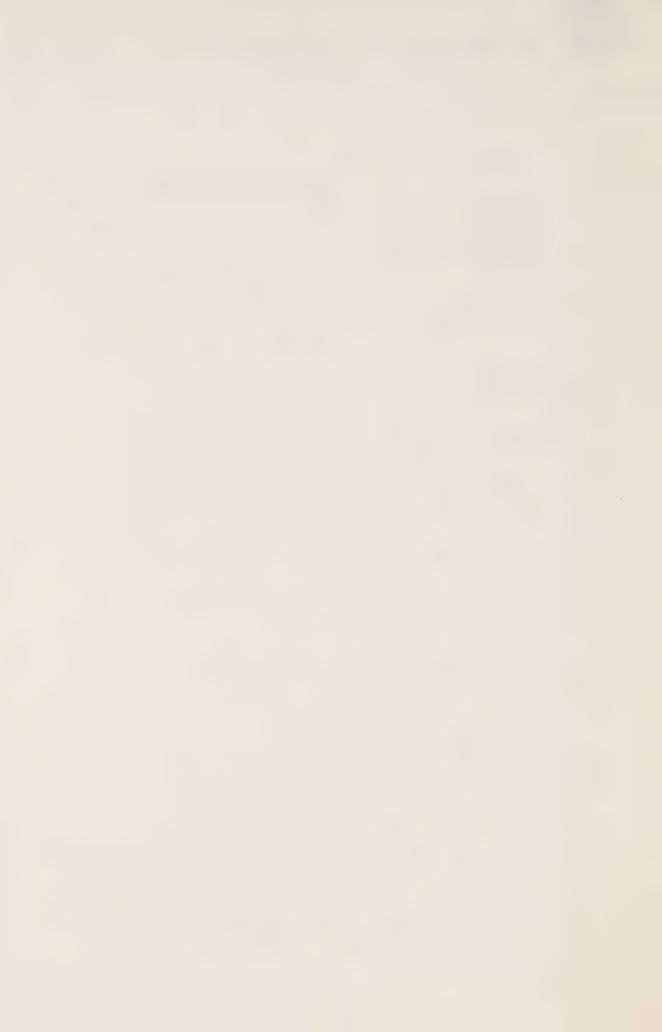
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Q. In terms of the administration of medications on a particular shift, is there any grouping by time?

Yes, we would group them by A. time for efficiency purposes.

Q. Could you explain what the grouping was?

If the medication were Α. required to be given twice a day, which many of them were, we chose 0900 and 2100; partly that -was because it was a reasonable time for the children and a reasonable time for the nurses, not in the first hour they came after shift and not in their meal breaks. Other medications might have been needed to be given TID, that is three times a day and we would choose different times for that, some needed to be given every four hours or every six hours and we would do that. We would try to group them for the sake of compatibility and the baby's stomach and we would try to group them so that we were not awakening the baby every hour. were intravenous drugs we would have to arrange the time so that one drug could completely run through the intravenous and the intravenous line be flushed with plain intravenous solution before the next



ς	. In	terms	of	digoxin	what	kind

of drug was it?

drug was added.

A. What kind of drug?

Q. In terms of administration?

A. It often was ordered twice a day which we would give at 0900 and 2100.

Q. So it would be part of the group of drugs given at 0900 and 2100 hours?

A. If it were ordered twice a day, occasionally it could have been ordered once a day or every second day.

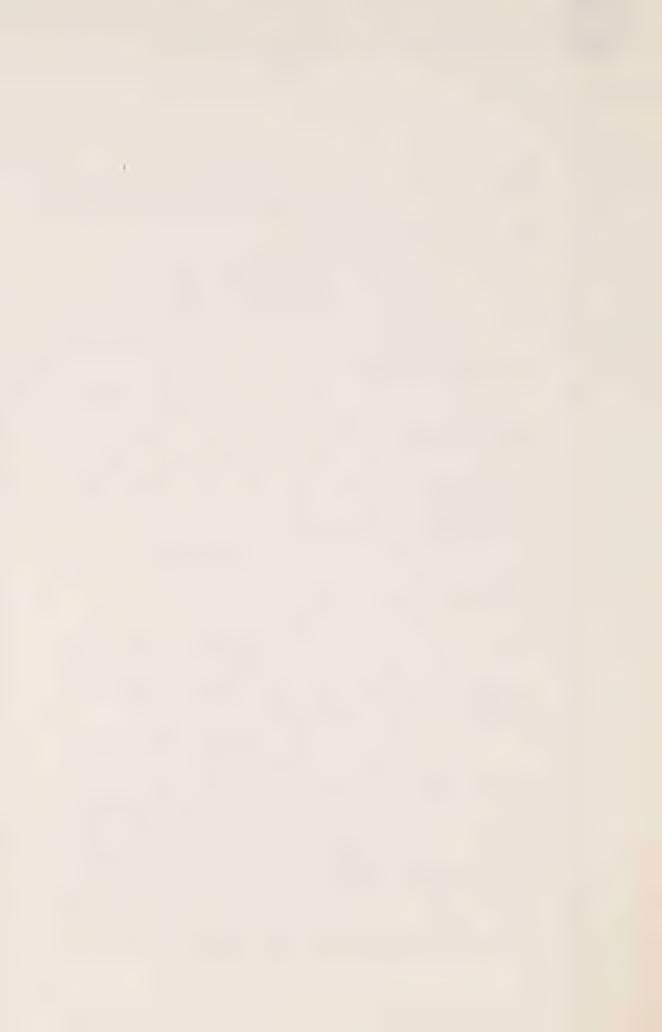
Q. If it were ordered once a day when would it be given?

A. 0900.

Q. So if digoxin - normally if digoxin were to be given then it would either be given at 0900 or 2100 hours?

A. Yes, and the exception for digoxin would be if a digoxin level, blood level, were to be drawn you would not give the medication at 9:00 a.m. and draw the blood right after that or we would have received unreasonably high levels.

That is why for some period of time we gave it at 5:30 in the morning and then decided that was not

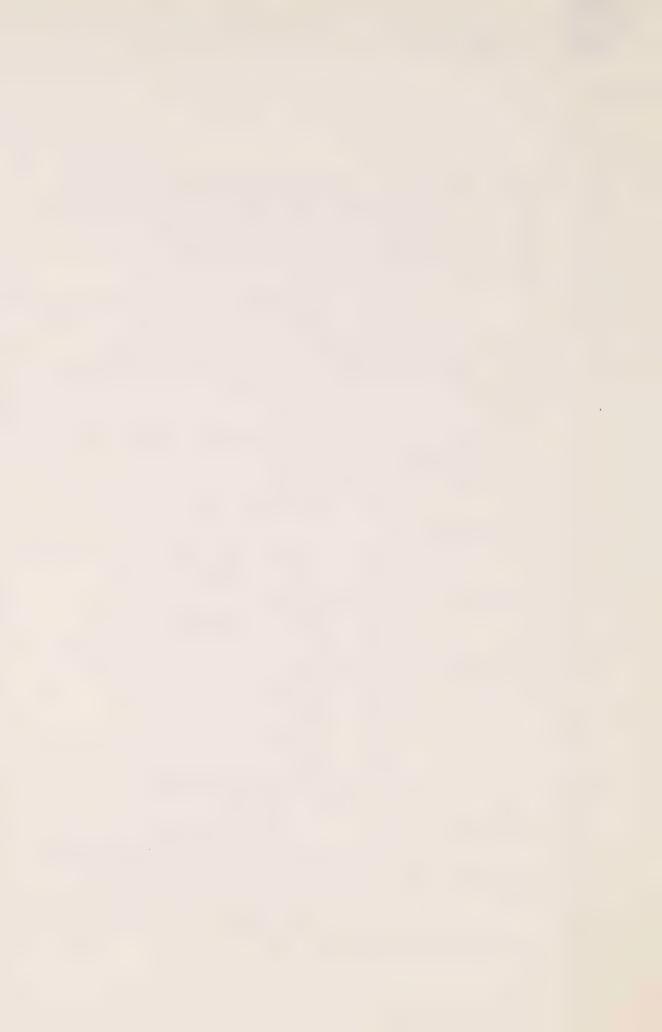


a go	ood practice.	I think either	towards or	at the
end	of this perio	d we still gave	it at 2100	and 0900
but	took the bloo	d level before	the morning	dose
was	given.			

- Q. The antibiotics you have said could be given every six hours, or every eight hours, what was the route used for antibiotics on 4A/4B?
- A. Either oral or intravenous, or intramuscular, all three.
- Q. Who could administer oral antibictics?
- A. A qualified nurse which predominantly was RN, or it could be students.
- Q. And who could administer intramuscular antibiotics?
 - A. The same.
 - Q. A qualified nurse?
 - A. Yes.
 - Q. Who could administer IV

antibiotics?

- A. A nurse could administer them above the drip chamber in the intravenous line.
- Q. With respect to pain medication what route did they come in?



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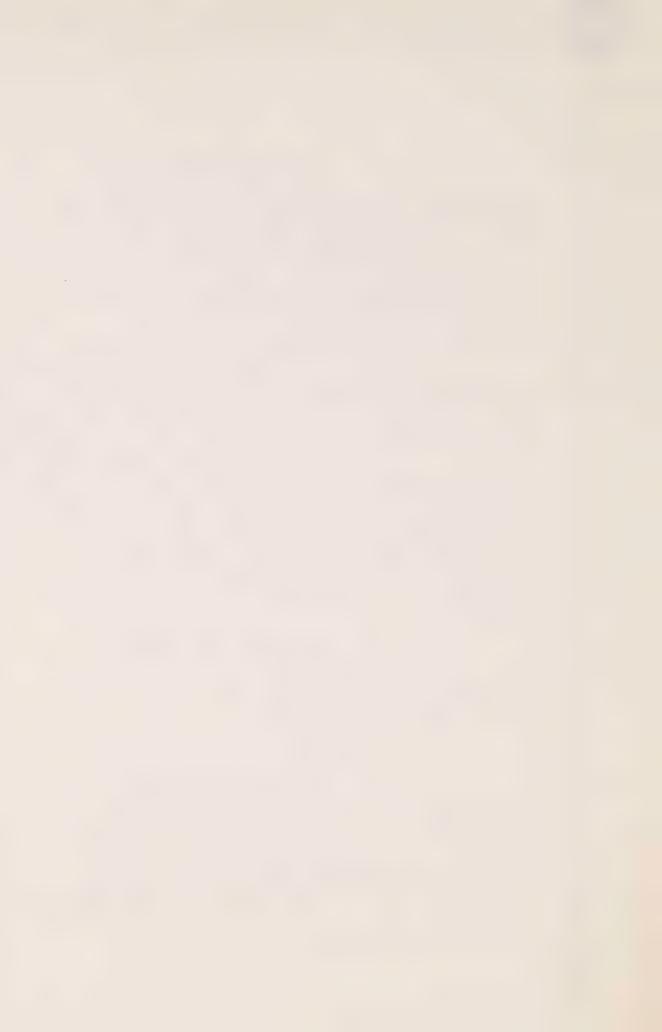
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	A. Most	often oral be	ecause
children don't	like needles	, but sometim	mes if they
couldn't tolera	te them or t	ake them by m	mouth they
wære given intr	camuscularly.	On a very	rare occasion
they could have	e been given	intravenously	and that
would have requ	ired a docto	r to administ	er.

- So in terms of the administra-Q. tion of drugs then would the team leader know when a particular baby was to receive all of his medications?
- Yes, but it would be the judgment of the nurse looking after him when did he need pain medication and say PRN which means as needed medications like something for a fever, she would probably know but she would report it to the team leader.
- And would the team leader know the route, the expected route that the nurse was to give the baby a drug?
 - A. Yes.
- Now, in the evidence of Carol Brown we had Exhibit 306 which was the diagram of an intravenous apparatus; could she please be shown Exhibit 306. Could you please tell us how high the part Tabelled "IV"bag" would be hung for a patient?



	Α.	It would be well above the
site that	entered the	patient, perhaps the bottom of
the buret	rol labelled	"drip chamber" would be at
least 12	inches above	and then that would be about

Q. I am sorry, in terms of a nurse's height?

A. I would not always be able to reach the top of the intravenous bag and a short nurse almost never would be able to without standing on something, or lowering the pole, there was this gadget on the pole and you could lower it.

Q. Now, why is it hung so high, obviously not for convenience?

A. If it is running without an IVAC or anything it is running in by gravity, if it is running with an IVAC you still have to have height above the IVAC.

Q. When the bag is at that level how high is the buretrol, because we understand the buretrol is the site into which the nurse was permitted to inject antibiotics?

A. She would be injecting it through the top of the buretrol; this piece would be about 4 inches and the bottom of the buretrol would be probably 24 inches above the child usually,



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maybe 12.

Q. Would you agree with me then it would be high up as opposed to down near the patient's bed?

A . Yes, it would.

THE COMMISSIONER: I'm sorry,

what was that about?

MS. SYMES: The buretrol.

THE COMMISSIONER: Is that right?

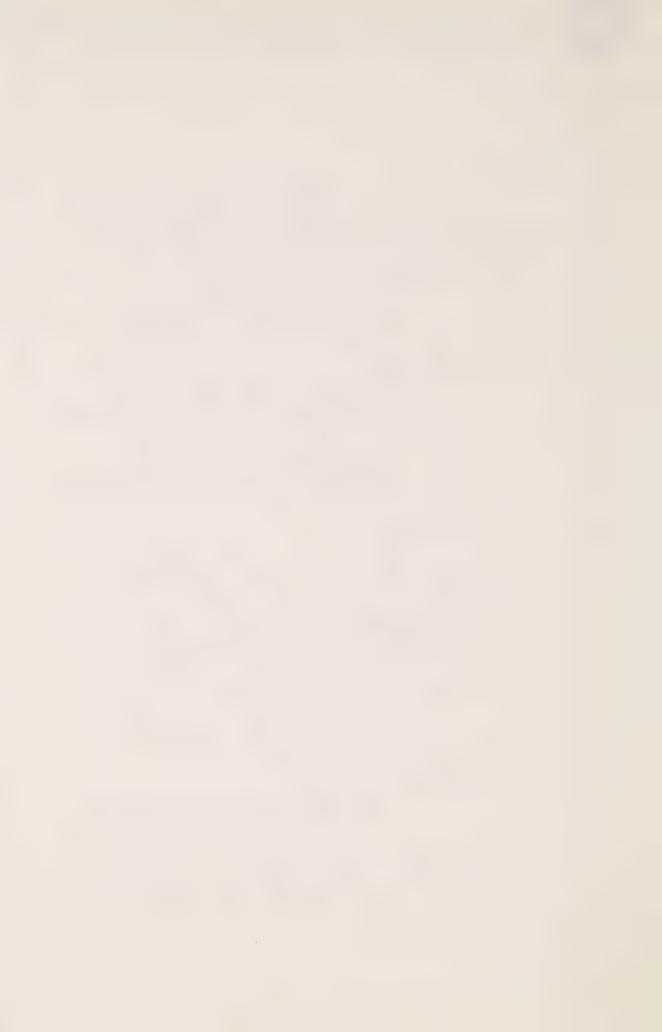
THE WITNESS: Yes, it was.

THE COMMISSIONER: It is certainly not as high up as the bag.

THE WITNESS: No, it is not as high as the bag, although sometimes - this picture is not accurate because sometimes if it wasn't running well and we wanted it to be higher we would lift this piece of tubing up over here. (indicating)

THE COMMISSIONER: It has to run from the bag into the buretrol, it does that by gravity doesn't it?

THE WITNESS: Yes, but there is a clamp here and the buretrol is filled purposely and this clamp is kept closed, and one reason for that is that so the whole bag can't dump into the child and drown him.



THE COMMISSIONER: It isn't a

constant flow of the bag to the buretrol?

THE WITNESS: No, it is not.

MSS SYMES: Miss Costello, if a nurse were to inject below the drip chamber, I gather that is against Hospital policy?

A. It is definitely against

Hospital policy to inject medication below the drip

chamber. The only reason that a nurse would have

for doing something like that, with the intravenous

line below the drip chamber, she would be flushing

if the intravenous were not running properly, then

she could flush the line with saline.

- Q. Would that be then the only excuse that a nurse would have for doing anything below the drip chamber?
- A. Except removing the intravenous or retaping or examining the site.
- Q. We know that in Justine

 Cook's case that there was a syringe of medication

 taped to the end of the bed, is that a usual

 practice?
- A. No, it is not, it is not a recommended practice and it is not approved by Hospital policy.



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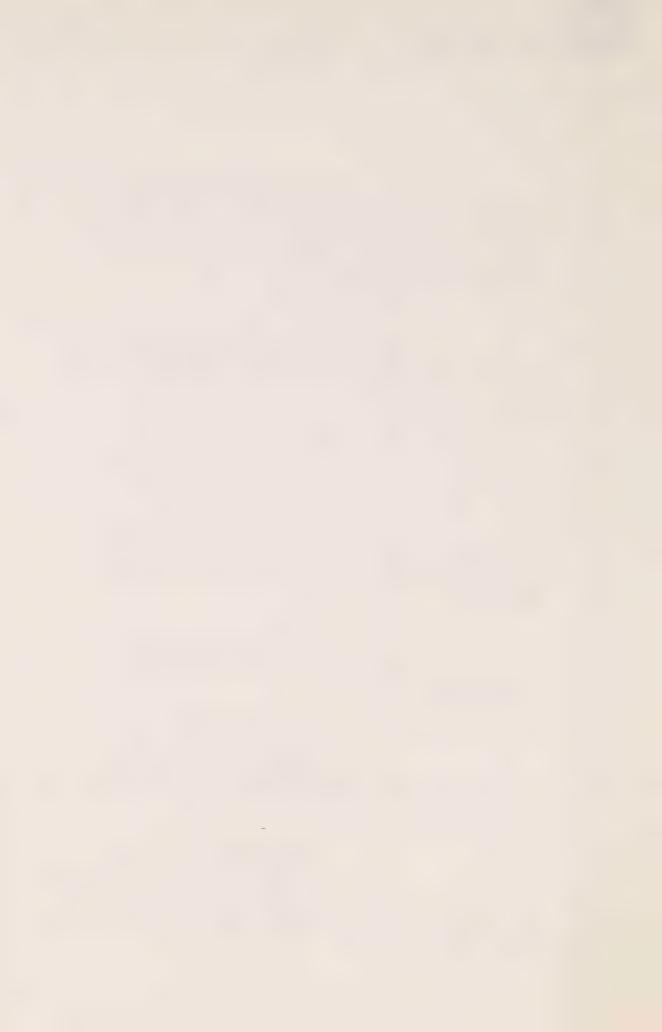
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Q. I just want to review	with							
ou the documents that are used on the ward	s with							
espect to nursing. I understand that ther	e is a							
personnel policy manual?								

A. Yes.

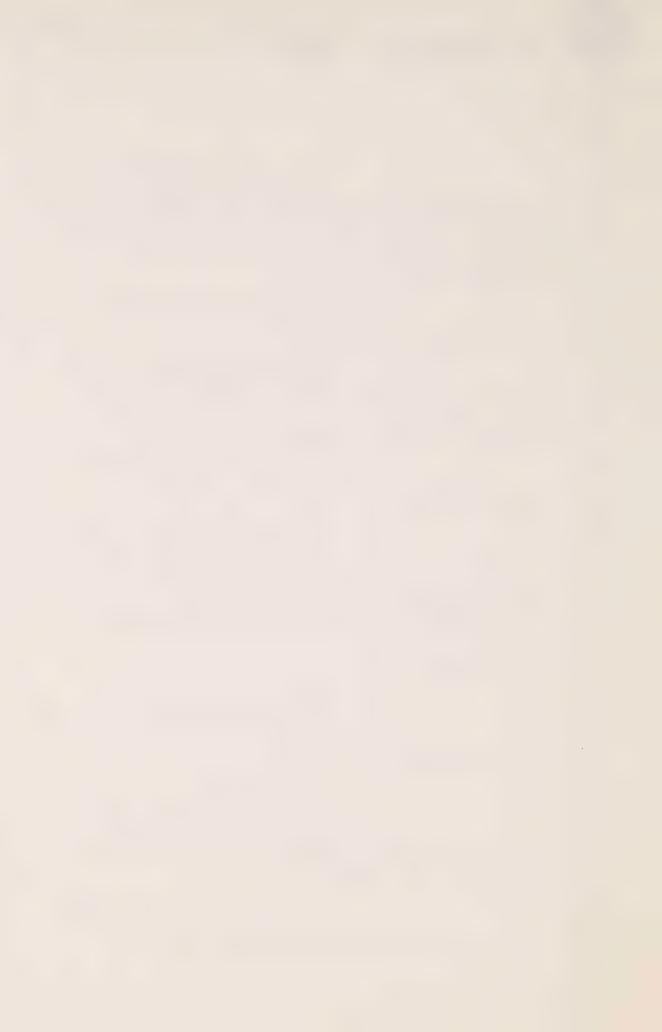
Q. And that is the document that you took, the sheet with respect to coffee breaks from?

- A. Yes, it is.
- Q. Is that Hospital-wide?
- A. Yes, it is.
- Q. Now, I understand there is something called a "Nursing Policy and Procedure Manual"?
 - A. Yes.
- Q. And we have that excerpted as an exhibit.
 - A. Yes.
- Q. In Miss Browne's evidence at page 7930 she said there was a Ward Policy Manual, is there such a thing?
 - A. I am not aware of that.
- Q. So there is only the two types of policy manuals, two types, pardon me, of manuals that govern nursing.



	A	٠.	There	e is a	n Adı	ministr	rati	ve
Policy M	Manual as	well	but :	it is	not o	direct	Ly n	ursing
but some	things	in it	- we	ll, we	need	ded to	be	aware
of every	thing.							

- Q. And what was the purpose of the communication books?
- A. It was communication from one shift and one day and one week between the nurses, because we didn't all work at the same time.
- Q. Were these available for all nurses to read?
 - A. Yes, they were, or to write in.
- Q. In July, August and September, you have given evidence that you were aware that there was an increase in the number of deaths, number of arrests and deaths?
 - A. Yes.
- Q. At any time during that period did you suspect foul play?
 - A. No, I did not.
- Q. At any time did you hide the fact from any of the medical staff about the number of arrests and deaths?
- A. We never did, we never tried to, we would never want to and we couldn't.



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		Q.	Dur	ing t	this	per	iod	what	di
you	personally	see	nurses	doi	ng w	ith	resp	ect	to
cont	tacting doct	cors	?						

They would have to call the A. doctor when the incident happened, and after it happened there was often discussion and requests for reassurance, that we have done everything that we could, that the doctors have done everything they could and that nurses have, that together we have, that we hadn't missed anything that we had carried through the whole procedure, observing to the completion of the resuscitation to the best of our ability.

Did you see other nurses, did you yourself see other nurses or hear other nurses making these enquiries of cardiologists?

Yes, I did, I did at meetings. Α. I did informally and perhaps if you want to know the name of the nurse that was the most obvious in doing this, Phyllis Trayner often did this in public anywhere, always.

Was she the kind of person who needed assurance as to that she had done the right things?

> A. Needed I don't know but she

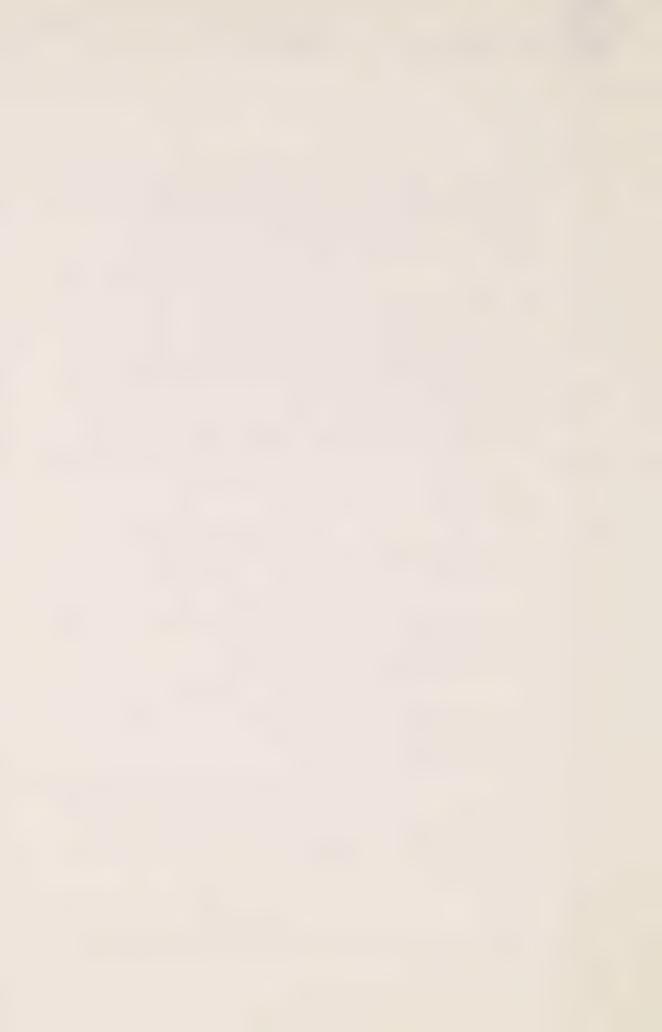


certainly	sought	it, she	was v	very	open	and	alwa	.ys
questioni	ng herse	elf and	outlo	ıd qu	estic	ning	is	there
anything	that sho	ould hav	e beer	n dif	feren	ıt.		

- Q. Now, at that particular time you have told us you realized that that is by the September meeting, that there was an increase in the arrests and deaths, that they were occurring on 4A, they were occurring at night and that they were occurring when the Trayner team was on duty.
- A. I was aware that the majority were, yes.
- Q. Is it your impression that everyone else had that same set of facts?
- A. Looking one, one, one person,

 I don't know, but it seemed to be general knowledge

 and it was discussed among us all.
- Q. Now, at any time during the entire epidemic period did you try to, yourself, look for causes of death?
- A. Yes, we sought this information from the doctors; we asked for mortality meetings so we could be informed; we asked for reports of postmortems.
- Q. So one of the things obviously that was discussed was the medical or anatomical



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condition of the babies that were on the ward?

Yes, and what the doctors saw as contributing factors to them.

0. Was there any discussion or concern about the Intensive Care Unit?

Α. Yes, there was concern that when the Intensive Care Unit was busy the children came up to the ward because somebody else had to go into the Intensive Care Unit, it had limited We worried if children might have had a better course of recovery, or might not have had a bad course of recovery if they had stayed longer in the Intensive Care Unit. Another time that came into consideration was when a child did not seem well on the ward and we hoped to be able to get the child back into Intensive Care Unit for closer monitoring, or even for ventilation, but that was not always immediately possible.

Q. I would like to refer you then to the Ward Communication book, to try and pin down, if possible, whether or not there were any discussions with respect to specific babies. Have you got the Exhibit 300 before you which is the Communication book?

> Α. Yes.



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	Q.	First	of all	would	you like	to
urn to	4A Communi	cation boo	k which	is th	e first	
ab and	turn to pa	ge 8.				

Α. Yes.

Q. If you turn to the previous page you will see that these are the minutes of the September 5th, 1980 mortality meeting.

> A. Yes.

And this is you said in Q. Liz Radojewski's handwriting?

> Yes, it is. Α.

Q. On page 8, was there any discussion with respect to patient Bilodeau in the ICU?

> Α. Yes.

That is at the bottom of Q.

the page.

I am just looking through! A. Yes, at the bottom of the page it says: this.

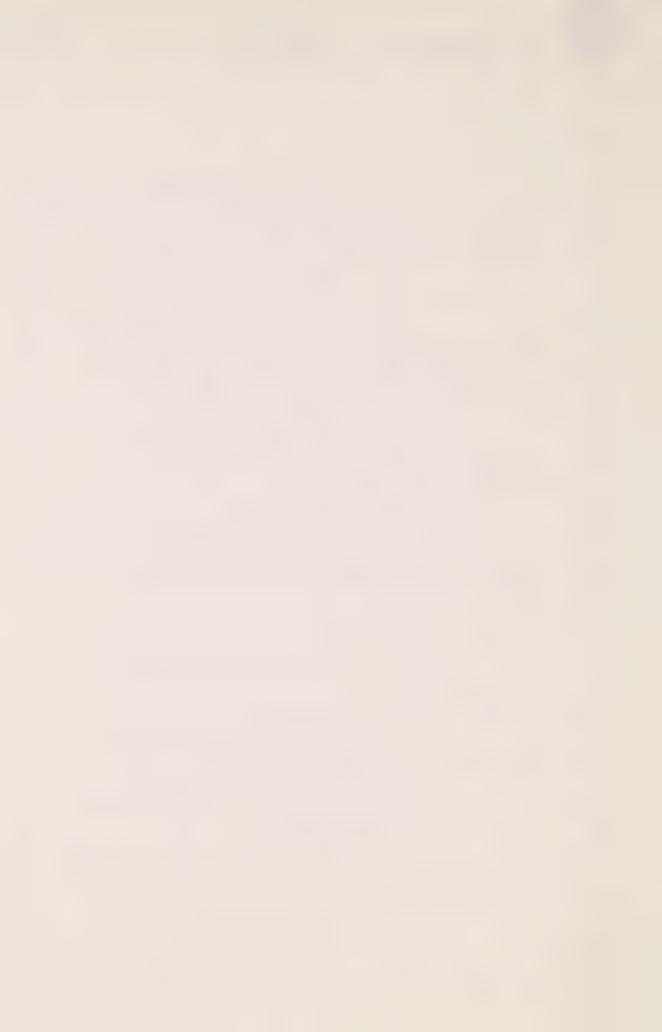
> "Q. Would ICU earlier have made

a difference?"

Was there a definitive answer to that question?

> I don't think so. Α.

Q. Could you turn to page 10 then, and this is with respect to patient Turner.





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			Q.	Woul	ld 3	/ou	turn	to	page	10,	then
and	this	is	with	respect	to	Pat	tient	Tu	rner,	Phi	llip
Turr	ner.										

Yes. A.

Was there a discussion with respect to the Intensive Care Unit on this child?

A. Sorry, but it is taking me a little while to find it. There is concern of how he had some difficulties in the Intensive Care Unit.

Would you move down to the next Q. one, 30/7?

> A. What am I looking at?

On the same page down to 30/7, Q. to the last comment there.

I think your page must be different than mine.

> Q. Page 10.

There is nothing about 30/7 in A.

30/7 on the left-hand side. 0.

It is not on mine.

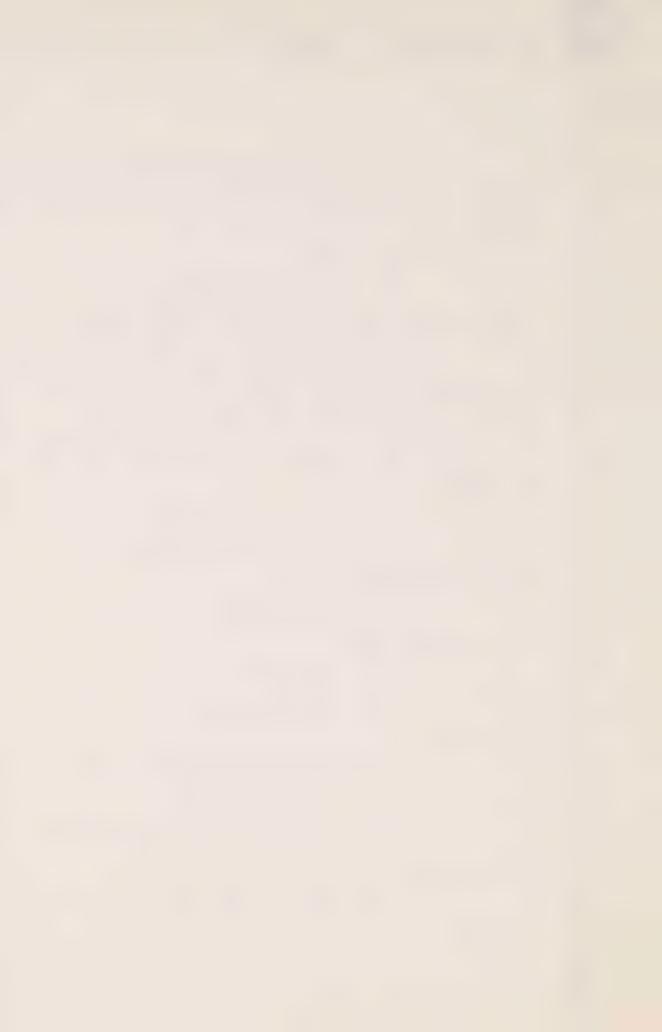
THE COMMISSIONER: She put us on page

ll originally.

the last ---

page 10?

MS. SYMES: Q. Page 10, are you on



		A.	Yes,	but	I	have	not	got	any	of
these	numbers.	It	says:							

"Query spontaneous closure of VSD led to death, right sided obstruction, left sided obstruction, left lung collapse, large right sided shunt."

Perhaps my page should be turned?

Q. I am just referring to this. Do you see the 30/7?

A. "When we realized what his blood gases were, ICU was notified."

That was before his cardiac arrest.

Q. So before his cardiac arrest, then, I gather from this note that there was some concern about his blood gases?

A. Yes.

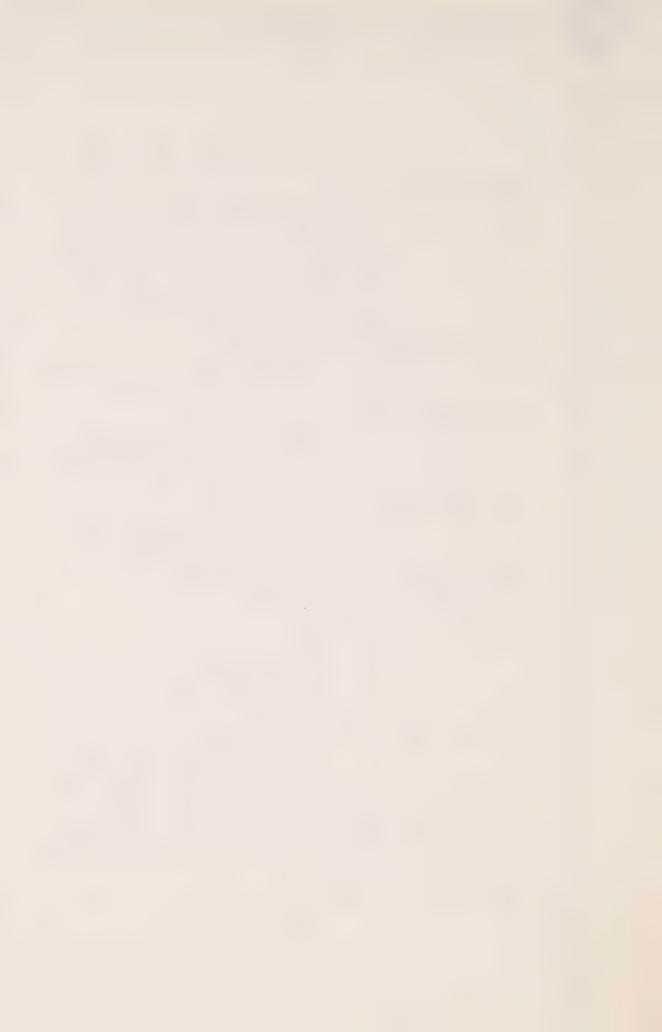
Q. Would that indicate instability?

A. Yes, and it would probably

indicate that he could have been helped by ventilation.

Q. Continuing on in the same tab on page 18, it is actually little No. 17 but large No. 18 in the centre of the page with respect to Dion Shrum. This was taken from the minutes of the September 26th meeting.

A. Yes.





		Q.	Can	you	point	to	whe	ther	or	not
there was	any	discus	sion	with	respe	ect	to	the	ICU	for
this parti	icula	ar chil	đ?							

A. Yes, a little more than half way down the page it says:

"Time spent arranging transfer ... "
and then the next line says:

"Intermediary ICU on the ward."

I gather that that meant there was a concern about
the time that was spent in arranging a transfer to
ICU and a recommendation to prevent that problem in
the future would be to have an intermediate care unit
on the ward.

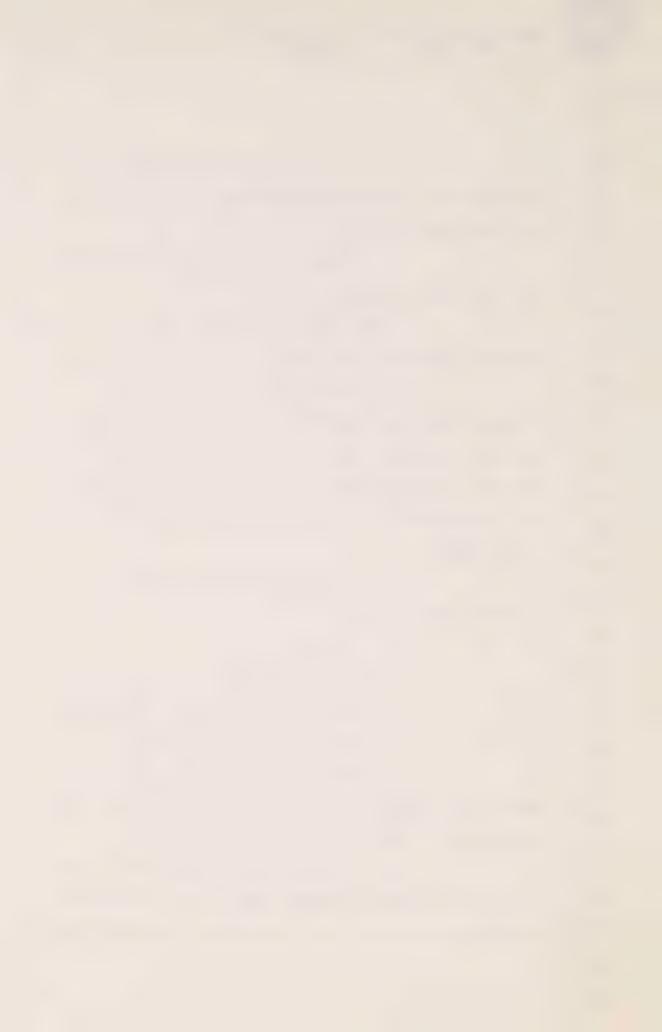
Q Could you go just before that in that note?

A. Yes:

"Difficulty, placed in oxygen, plans to transfer to ICU, pulse irregular, complete heart block seizure, arrested, unable to resuscitate."

Would that indicate to you, then, that there was some difficulty in moving that child to the ICU?

A. Yes, they certainly would like to get a child there before they arrest because the treatment in the ICU, the observation and predominantly



equipment?



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the treatment might prevent the arres	st	•
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Q. Do they have more sophisticated

A. Yes, they do, including ventilation.

Q. Would you look at the ward meeting book for Ward 4B which is Exhibit 301, and on page 19 of that.

A. I do not have it.

Q. Look at page 19 of that.

A. Yes.

Q. Could you tell us about that?

A. Yes.

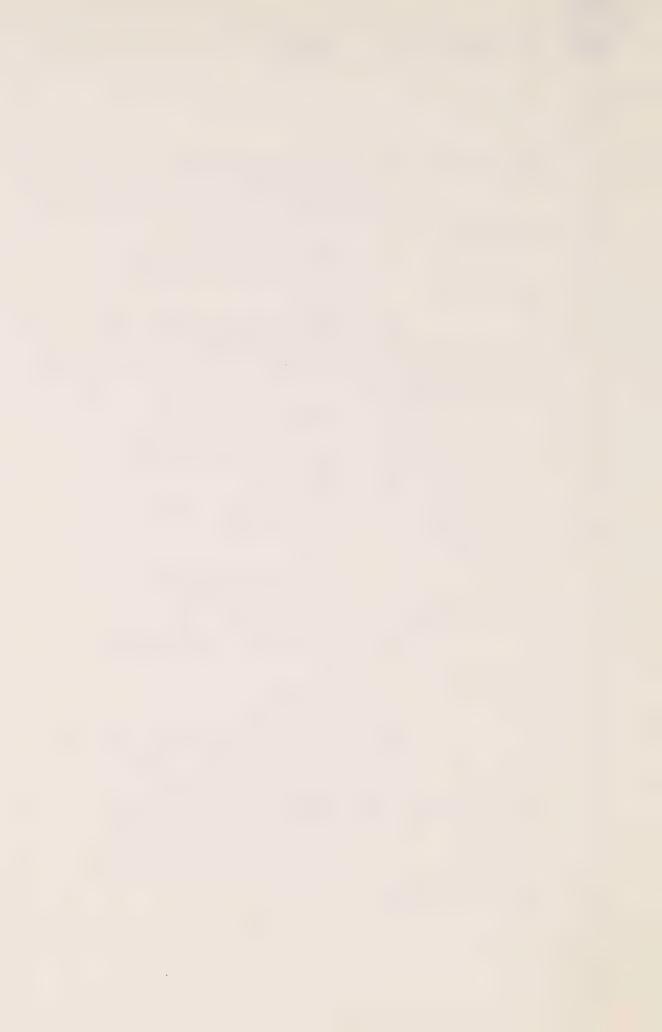
Q. Was there a discussion there about transferring patients to the ICU?

THE COMMISSIONER: What page are you referring to?

MS. SYMES: 19.

THE WITNESS: I think this was a report by Liz, who was on the committee that was set up to look at planning and intermediate care unit on Wards 4A/B. This includes concerns that we had about this unit and it concerns the plans as they were at that time.

Q. And the date of that meeting is?





: 5

A. February 11th.

Q. I gather that you attended the mortality meeting on January 12th, 1981?

A. Yes, I did.

Q. That is Exhibit No. 65 are the minutes from that meeting. You attended this meeting yourself?

A. Yes, I did.

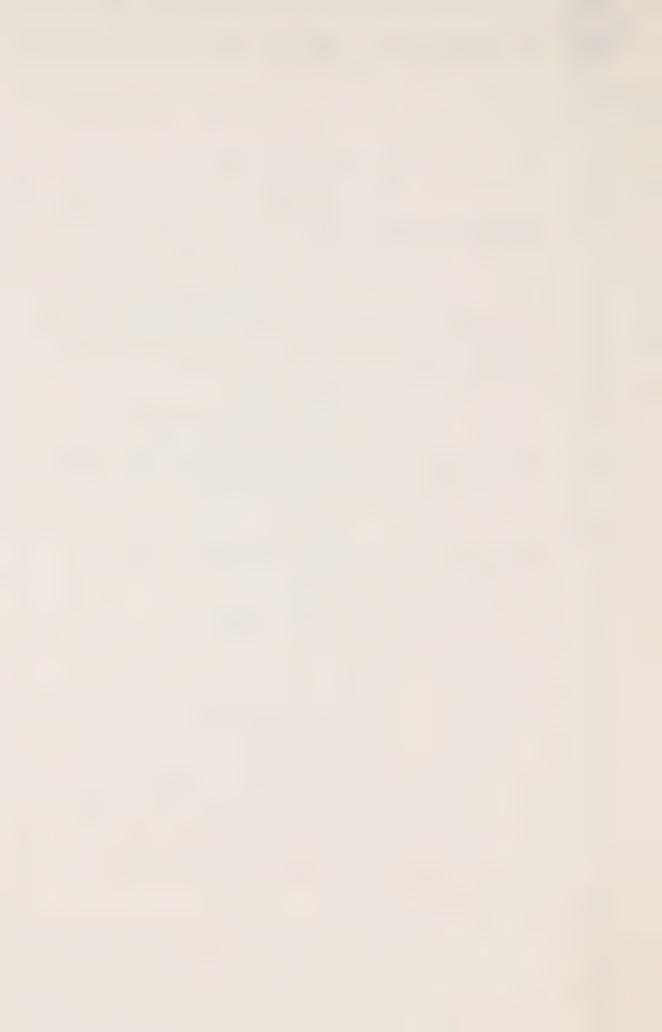
Q. Was there a discussion as to whether or not Intensive Care Unit could have played a role in the care of these children?

A. Yes, I think several places on this, the first one that I recognize is half way through the second paragraph says:

"The second recommendation was that there should be a gathering together of cardiologists with the nursing staff to try and hammer out the needs for an intermediate intensive care unit on 4A/B prior to making such decisions known to the administration."

Q. On page 2, Item No. 2 of those minutes, there is a discussion attributed to Dr. Edmonds?

A. Yes, he was representing the





Intensive Care Unit here. He talked about the problem of transfer of patients from the Intensive Care Unit to the ward, where a longer period in the Intensive Care Unit might perhaps be a benefit in a number of these cases. He pointed out that the census in the ICU is higher now than it has ever been. The nursing resources are very stretched and there are obviously occasions today when patients who are discharged from the ICU are not ready for ordinary nursing care.

Q. Was that your experience in receiving the patients from the Intensive Care Unit early?

A. Yes, it was.

Q. I gather in that same meeting that there was a concern with respect to medical coverage?

A. Yes, there was.

Q. Was that expressed to you by members of your nursing team?

A. Yes.

Q Perhaps you might assist us.

It comes up in the meeting on October 22nd and 23rd.

What was meant by the doctors coming and responding or not responding to nursing concerns? Can you just tell us what ---



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As I understand it, that meant that when the nurses were concerned about a baby's condition they called the doctor, the doctor came and reassured -- did some treatment or did not and reassured them, do not worry, the child will be all right, and left, and within a few minutes sometimes the child arrested and the nurses were unhappy that it appeared that doctors were not accepting their judgment that I am really worried and I really want you to stay here.

After the meeting on January ---THE COMMISSIONER: This might be a very popular statement, but I would like to see it followed up with an example, if there was one? there an example?

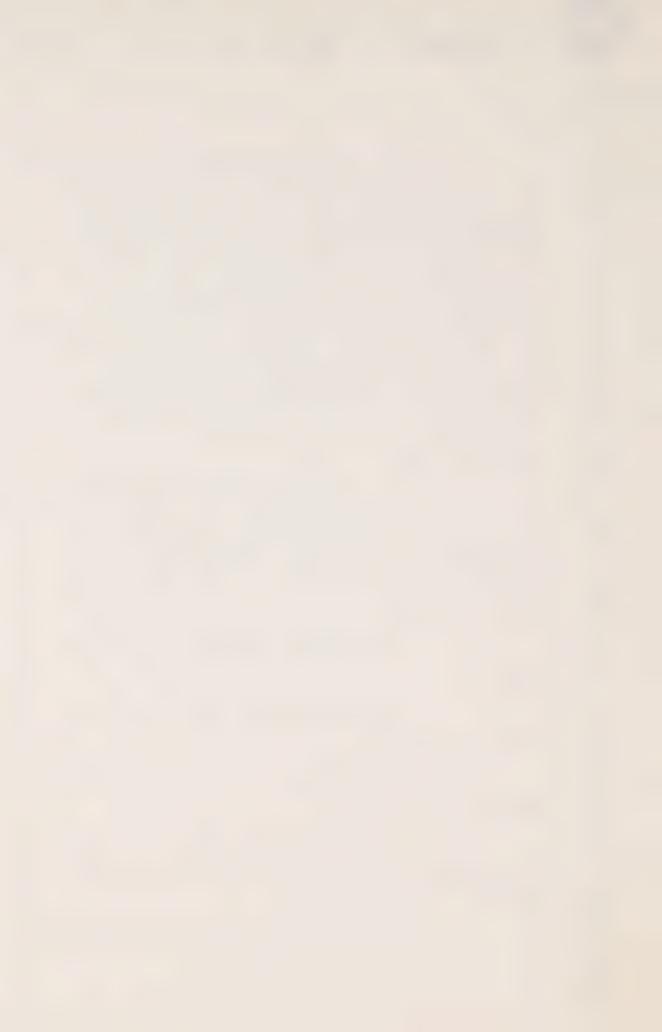
THE WITNESS: A written example for that?

THE COMMISSIONER: No, not written. Did it ever happen?

THE WITNESS: Yes, it did, not a good many but it did happen.

THE COMMISSIONER: Well, that is what you said already, but can you tell me when it did happen?

THE WITNESS: With names of a patient?





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THE COMMISSIONER: Yes.

THE WITNESS: I think one time and probably the time that we are talking about in those meetings on October 22nd and 23rd related to Baby Adamo.

THE COMMISSIONER: Yes, what happened What happened then? Were you there? there?

> No, I was not there. THE WITNESS:

THE COMMISSIONER: Where did you get

the information?

THE WITNESS: From the nurses.

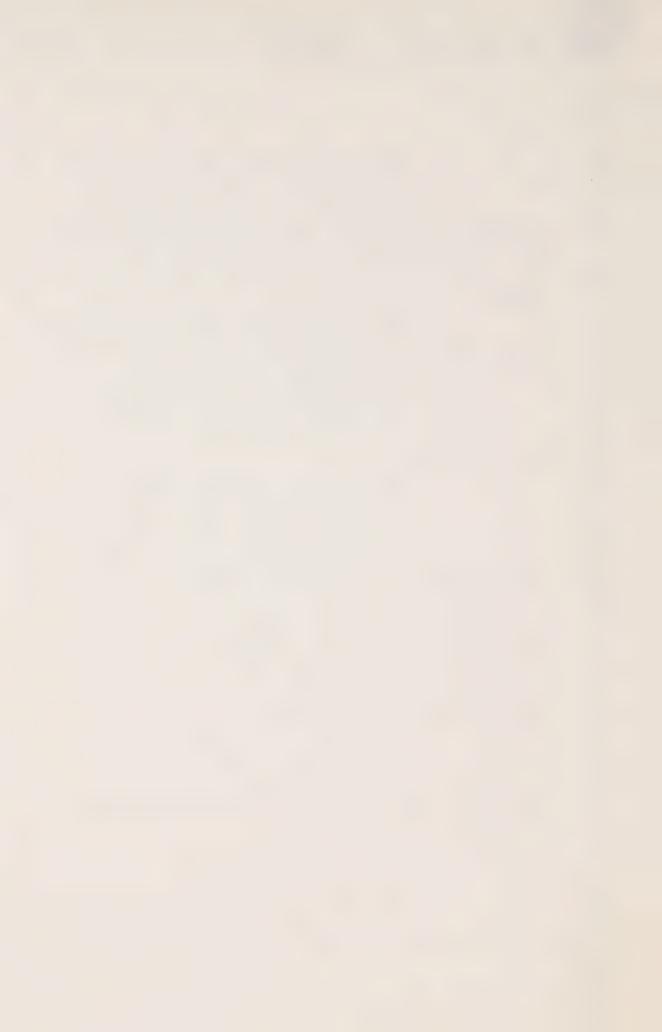
THE COMMISSIONER: Which nurse?

THE WITNESS: That particular one, I overheard some of it from Phyllis Trayner talking not to me but in the nursing station, which was public and audible to all of us. I heard some more of it from Karen Power's team: I heard some more of it at the meeting on October 23rd evening.

MS. SYMES: Q. I gather the results that flowed out of the January 12th meeting was that the resident coverage to the wards was increased; is that correct?

Yes, a little bit.

MS. SYMES: I am now going to turn to the question of the intermediate Intensive Care Unit.



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Could we take a break?

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THE COMMISSIONER: Yes. How long do you think you will be, Miss Symes?

MS. SYMES: Maybe the rest of the afternoon.

THE COMMISSIONER: Yes. Much of what you have asked we have had before. We have had all of these exhibits before and just going over them, if that can be saved for argument, and I do not particularly want to hear it again when we have heard it before, if that is what you are intending to do. Perhaps you could use the break to try and cut some of it down. But what we have already had in an exhibit, what has already been referred to, we do not need to have it unless she has something to add to it.

MS. SYMES: Yes, I understand.

THE COMMISSIONER: Do you follow what

I am saying, because otherwise we will just go through

-- we have 335 exhibits. I know you do not intend

to do that, but I do not want to just go through

these meetings that she was there, unless she has

something else to give us than what we have had

already.

MS. SYMES: Well, Mr. Commissioner, she is giving from the Head Nurse's point of view



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what was ---

THE COMMISSIONER: Well, I know, but we have already had the exhibits. There has not been any particular quarrel with any of these exhibits, has there?

MS. SYMES: Perhaps as to what it meant for nursing, yes.

THE COMMISSIONER: Well, yes, all right. I just do not want this to degenerate into a row between the nurses and the doctors, that is all. That is not my task.

My task is to find out what happened to these children, and it is easy enough to encourage this witness to say that the doctors are mismanaging things, and it would be easy enough to encourage the doctors to say the nurses were mismanaging things. But unless it has something to do with the cause of death, as it may have in this Adamo case, I do not know ---

Well, Mr. Commissioner, I MS. SYMES: had thought that I had demonstrated through this witness that the Intensive Care Unit's needs and utilizations may well have affected the specific babies that it was appointed to and that the medical coverage may well have affected certain babies.





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THE COMMISSIONER: I know that is something that they wanted. I must confess I am yet to be convinced that the ICU was the source of the problem for all of these babies or even for any of them, and the inability to get them into the ICU, because we have had evidence that whenever they had to go, whenever a doctor wanted them to go, they went.

However, I will leave it with you to see what you can do. We will take 15 minutes.



ex. (Symes)

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--- on resuming.

THE COMMISSIONER: I am getting a little bit worried about the state of our progress. I just mention this, it is not exactly a form of blackmail but if we don't finish by Thursday with this witness there is a good chance we will proceed on Friday until we do finish.

That is so people can be warned. don't imagine that that will apply, I would think that we would get through most of the cross-examination on Thursday. But if anybody is not available on Friday I think it may be important to get himself or herself worked in before then.

MR. TOBIAS: Mr. Commissioner, that is my situation, I won't be available Friday.

THE COMMISSIONER: No. Well, I just thought I would warn you on Tuesday afternoon.

MR. TOBIAS: All right. Well, I will be available as early as tomorrow afternoon or any time Thursday.

THE COMMISSIONER: All right.

Yes, all right now, Ms. Symes.

MS. SYMES: Q. Miss Costello, one of the things that was identified as a possible solution to alleviate the number of arrests and deaths



Costello ex. (Symes)

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was the intermediate Intensive Care Unit?

- A. Yes, it was.
- Q. Have you reviewed the documents with respect to the Intensive Care Unit, specifically the Minutes of the meeting setting up the Intensive Care Unit and the report from that committee?
 - A. Yes, I have.
- Q. In addition, Carol Putherbough and Janet Bead wrote a report, and that we have marked as Exhibit 155. Have you read that?
 - A. Yes, I have.
 - Q. Do you agree with its

contents?

you prepared?

- A. Yes, I do.
- Q. In addition, did you and Mrs. Radojewski prepare your own report on the Intensive Care Unit on May 28, 1981?
- A. Yes, on the Intermediate Care Unit, yes, we did.
- Q. Do you have that in front of you?
 - A. Yes, I do.
 - Q. And that is the report that



are we up to?

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A. Yes, it is.

MS. SYMES: Could this please be the next exhibit?

THE COMMISSIONER: Yes. What number

THE REGISTRAR: 336.

THE COMMISSIONER: 336.

--- EXHIBIT NO. 336: Report on Intensive Care Unit dated May 28, 1981, by Miss Costello and Mrs. Radojewski.

MS. SYMES: Q. Could you briefly outline to us why you wrote this?

A. We were concerned about the target date and the push we felt to make the target date for opening the Intermediate Care Unit on the ward soon. Our big concerns related to staffing, we did not have nurses, nurses trained and experienced enough to cope with looking after this unit as well as with the ward and without detracting from the ward or even with detracting from the ward, we didn't have enough. We tried to explain that by explaining the quotas, the orientation time that was required and that we only had one teaching team leader to do all the teaching on both wards, we could not have included teaching many new nurses, plus teaching new team leaders, plus teaching nurses to work in the



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Intermediate Care Unit.

Q. Now, was the Intermediate ICU instituted at some point?

A. Yes, it was at some point after I left the position in that Hospital.

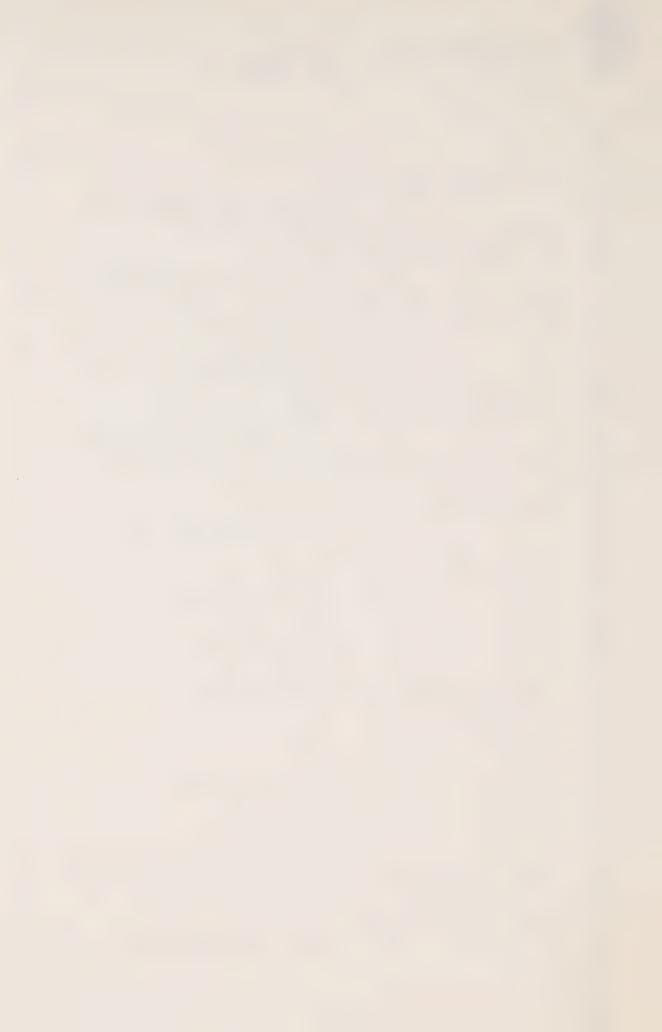
Q. So, that was after 1982?

A. I think there were other things there, are you satisfied with that?

Q. Well, does the memorandum list all of the concerns which you had about the Intensive Care Unit?

A. The Intermediate Care Unit, yes, it does.

- Q. The Intermediate Care Unit.
- A. Yes, it does.
- Q. And you had suggested in the last page delaying the target for one to one and a half years?
 - A. Yes.
 - Q. Is that correct?
 - A. Yes, we did.
- Q. Okay. You had told us before that on some occasions you overhead Phyllis Trayner asking cardiologists for help?
 - A. Yes, she openly asked for help



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in assessing the quality of care that was given to the patients that she was involved with.

Q. So, in other words, that is asking for a second opinion of the care that she had provided or her team had provided?

A. Yes, both.

Q. And what were the things that she identified might be a problem?

A. She identified that there could have been something missing in the nursing observations.

Q. In other words, would that be that a baby was getting ill and they didn't pick it up?

A. Yes, or didn't pick it up soon enough, that they didn't assess the seriousness of it and call the doctor soon enough, or loud enough I guess to be sure that he really came, that they may have missed something in the treatment or done something inadequately in the treatment of the patient or that they may have done something inadequate in the process of carrying out the resuscitation.

Q. All right. Those are essentially two areas then; one is before the baby went into arrest they might have missed something or



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not, as you said, called loud enough or in time and number two was that after the arrest they may not have carried out the resuscitation efforts properly?

THE COMMISSIONER: Yes, Mr. Hunt?

MR. HUNT: I am not clear. Are we dealing with a specific incident here or is this witness commenting generally on something that happened on many occasions?

THE COMMISSIONER: I thought it was something that Phyllis Trayner had, that she overhead Is this the way it started?

This is one discussion, MR. HUNT: that is what I am not clear on, is that what we are talking about?

MS. SYMES: Well, that was my next question.

MR. HUNT: Well, that, with respect, should have been the first question, are we talking about one incident and, if so, what is the first incident, what was said, and then on subsequent occasions.

> THE COMMISSIONER: Yes.

MS. SYMES: Q. Miss Costello, how many times did you hear this type of discussion? Many; I can't put a number Α.



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THE COMMISSIONER: Well, is it a discussion -- I thought it started out, I have a note it was Phyllis Trayner. Is this Phyllis Trayner or is this other nurses as well?

THE WITNESS: No, it is Phyllis.

THE COMMISSIONER: I see, all right.

MS. SYMES: Q. When did they start? Can you place in your mind when the first one occurred

> A. Probably July 1980.

Can you pinpoint which baby 0. they were discussing by looking at the number of deaths?

THE COMMISSIONER: I'm sorry, they, who would they be?

MS. SYMES: They, Phyllis Trayner, speaking to the cardiologists.

THE COMMISSIONER: Oh, that's what you overheard, her speaking to the cardiologists? THE WITNESS: Yes.

THE COMMISSIONER: Do you remember which cardiologist?

THE WITNESS: Several of them; in particular I remember Dr. Freedom. I can't exactly --



I know that we discussed at a meeting in relation to Baby Adamo and I know that from the mortality minutes that several babies that we were very concerned about and that Phyllis was very concerned about were discussed there as a result of concern expressed before the mortality meeting was planned.

MS. SYMES: Q. Did the discussions between Trayner and the cardiologists continue throughout the epidemic period?

- A. Yes.
- Q. Did you overhear the cardiologists' responses to her questioning?
 - A. Sometimes.
- Q. And at any time, could you just tell us generally what the response was?

 THE COMMISSIONER: And who made it.

MS. SYMES: Yes.

A. The cardiologist in particular I remember Dr. Freedom saying there is nothing nurses could have done differently, there is nothing you could have done differently, you have done what was the best for this child at this time.

- Q. Did you hear that response from cardiologists on more than one occasion?
 - A. Yes.



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THE COMMISSIONER: Did you hear it from anyone besides Dr. Freedom?

THE WITNESS: I heard it from several cardiologists at the mortality meeting.

THE COMMISSIONER: Oh, yes. But this is a discussion between a cardiologist and Mrs.

Trayner?

THE WITNESS: I can't name more but I suspect that I remember that it did happen; I can't name specific incidences other than that one.

MS. SYMES: Q. Let me ask it in the negative. Did you ever hear any criticism by a cardiologist of the nursing care that was provided either before the arrest or during the resuscitation efforts?

A. No.

Q. Was any criticism made to you as head nurse by a cardiologist with respect to the nursing care given either during - pardon me before the arrest or during the resuscitation efforts?

A. No.

Q. You have told Ms. Cronk that you considered splitting up nursing teams.

A. Yes.

Q. At any time did you have any



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Α. No, I did not.

0. If you had any concern would splitting up the team have helped?

If there seemed to be consider-A. able trouble on one team I think it would, if it were one individual that whatever was done would have to be dealt with with that one individual.

The fact that certain nurses were saying that they didn't want to work on Phyllis' team, would that have influenced your decision to split up the team?

No, not if I had defined a real Α. need or a real value to splitting up the team it would not.

The nurses obviously expressed 0. to you their increased stress with respect to the arrests and deaths.

> Α. Yes.

Did they ever express to you what affect this was having on their nursing?

They said that it was decreasing their self-confidence in their nursing abilities.

> What does that mean? 0.



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Q. Do you remember any specific nurse questioning her own abilities?

A. I remember Karen Power doing

Q. And do you remember when that

A. At the October 23rd meeting.

Q. We know from reading the minute book and the ward communication book that there was from time to time a call or a need for a psychiatrist to help staff with respect to the deaths.

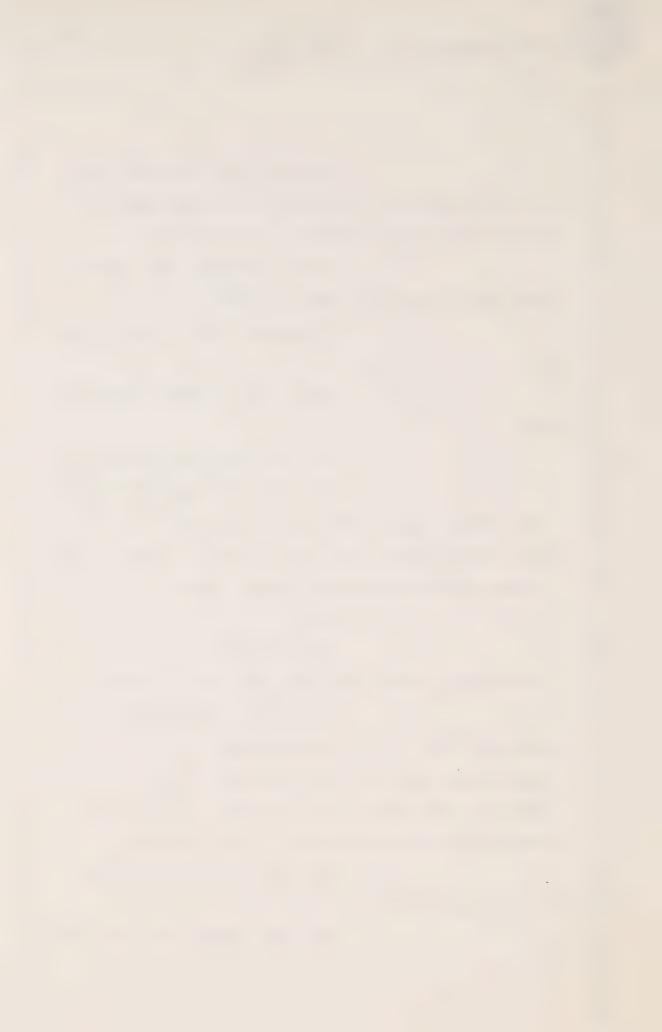
A. Yes.

Q. As far as you read the communication book, when was this first raised.

A. I think it was raised in the summer of 1980. I'm looking through notes. I see that it was requested on August 15th, which I think was the first time that I have recorded, I'm not sure that was the first time that it was discussed.

Q. What was to be the purpose of the psychiatrist?

A. Help the nurses deal with the



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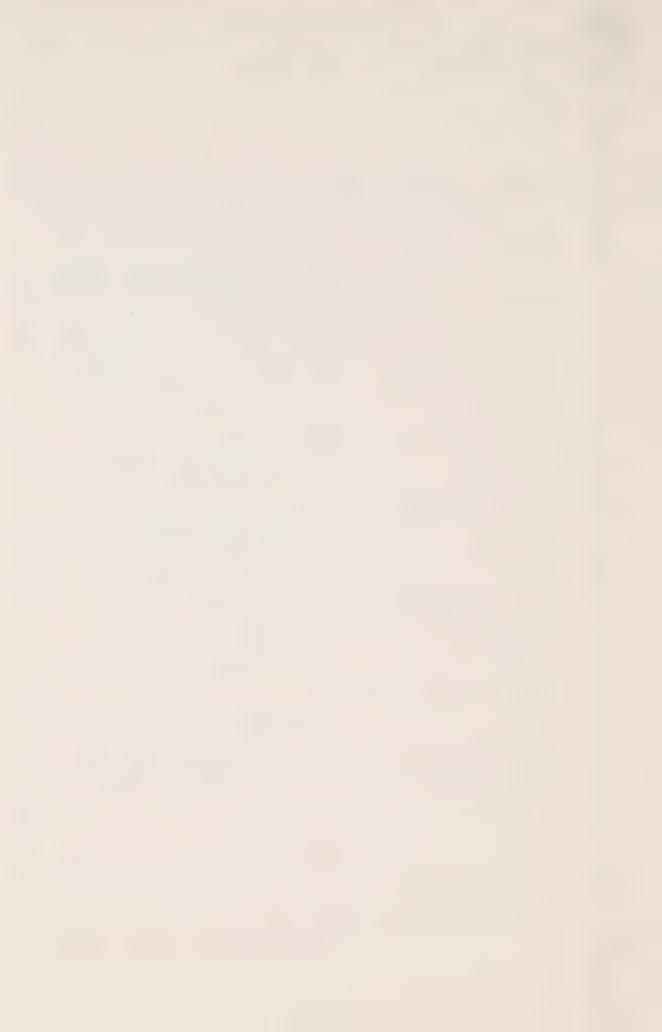
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stressful situation	they were in that was caused by the
severity of illness	of our patients and the increased
number of deaths.	

- Q. When you received that request from your staff, did you communicate it to anyone?
 - A. Yes, I did, to Lea Pyykkonen.
 - Q. And that was your immediate

supervisor?

- A. Yes.
- Q. And I gather that a psychiatrist was not assigned for staff?
 - A. Not until March 25th, 1981.
- Q. 1981, okay. During the epidemic period what is your assessment of the quality of nursing care that was provided?
- A. Excellent quality of nursing care in spite of stress.
- Q. Did you have any concern about any member of the nursing teams that were working under you with respect to their ability to nurse?
 - A. No, I did not.
- Q. Was there anything about any of the nurses who worked under you who acted in any peculiar way or any unusual way?
 - A. No, except what I have talked



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about all the time for several days that they were under more stress and they were expressing that they were more stressed and they were asking for support because of that.

Q. What is your opinion today?

A. I still have confidence in

them, I would still like to work with them.

MS. SYMES: Those are my questions.

THE COMMISSIONER: Yes, all right.

Well now, Mr. Brown?

MR. BROWN: Yes, I will start.

CROSS-EXAMINATION BY MR. BROWN

Q. Ms. Costello, my name is Brown and I act for Susan Nelles. This morning Ms. Cronk canvassed with you in some detail the meeting you had with Sergeant Warr on Monday, March 23 in the afternoon?

A. Yes.

Q. If I recall, during the course of that meeting he asked you to indicate to him what nurses were assigned to look after particular patients, is that correct?

A. Yes.

Q. Now, you gave him the answers with respect to Kevin Pacsai who was on your ward, 4B?

A. Yes, I did.



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Q. And Liz Radojewski gave answers in respect of the other three children who died on Ward 4A?

A. Yes.

Q. Now, when Sergeant Warr asked about Baby Cook who died on the morning of Sunday, March 22nd, do you recall whether there was any discussion about Baby Cook being under constant nursing care?



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If that is what was in the Α. assignment book, if that is what was read out, I am not sure, yes, I think I remember that he was.

Just to be fair perhaps I can direct you to the assignment book for Ward 4A, it is at Tab 13 of Exhibit 32A; Tab 13, page 178 and 179, do you have the page?

> Yes, I do. Α.

Q. And on the bottom of the page are the assignments for that night; the notation is simply "Miss Nelles 418" with the word "Cook" beside that. Do you have any recollection whether what was read out was simply "Miss Nelles 418" "Cook" or whether there was any discussion of constant nursing care?

I don't remember any A. discussion of constant nursing care at that meeting.

You don't remember any 0. discussion at all about constant nursing care?

I don't remember it, at that meeting you were talking about?

0. Just that meeting on Monday afternoon with Sergeant Warr. You also review with Miss Cronk the events at the meeting that night and Liz Radojewski's. If I recall you stated that



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there was some discussion about Baby Kevin Pacsai.

Now, was it your impression that most of the nurses present at that meeting were aware that there was a possibility of a coroner's inquest into the death of Kevin Pacsai?

- A. Yes.
- Q. And do you recall, and I think your notes reflect that there was some discussion by Susan Nelles about the amount of digoxin she had given to that child?
 - A. Yes.
- Q. And during that discussion you recall that she sought confirmation from Mary Jean Halpenny, that Mary Jean had checked the dose and that the dose was accurate?
 - A. Yes, I do recall that.
- Q. Is it your recollection that Mary Jean Halpenny in fact confirmed that she had checked the dose and in her view the dose had been appropriate?
 - A. Yes.
- Q. Now in view of the background of the potential coroner's inquest, I take it that it was Susan Nelles and Mary Jean Halpenny who were certainly in a spot so to speak inasmuch as Susan



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Nelles was on record as having administered digoxin to the child wasn't she?

- A. Yes, she was.
- Q. And Mary Jean Halpenny

 I suppose would be concerned because she bore the responsibility of checking the accuracy of that dose, did she not?
 - A. Yes, she did.
- Q. Now, to the best of your recollection those were the only two nurses that discussed Kevin Pacsai?
- A. There may have been more discussion in the area that there is a coroner's inquest or a coroner's investigation into Kevin Pacsai's death, that may have been more general discussion and repercussions on our ward, the things that I have described like people imposed as the supervisors to carry the keys and observe all medications drawn up and given, and cancellation of admissions to the ward and the transfers of babies off the ward and the digoxin becoming a controlled drug, those were generally discussed and ---
 - Q. I am sorry?
 - A. --- and were seen as coming



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somehow from the coroner's investigation of Kevin Pacsai's death.

Q. In terms of discussion of the direct care given to Kevin Pacsai, it was Susan Nelles and Ms. Halpenny who were prominant in the discussion.

- A. Yes.
- Q. And given the nature of their involvement in the direct care of the child I take it that that was seen to be a natural thing for them to discuss at that meeting?
 - A. Yes, it would.
- Q. Now, at that meeting I believe you recall some discussion by Susan Nelles about legal counsel and your notes reflect that?
 - A. Yes.
- Q. Now, is it your present recollection that Susan Nelles said that she had obtained legal counsel, or that she was going to obtain legal counsel?
- A. I think my notes say, and my memory at that time, which was closer to the events than now, said she had obtained it from her roommate; but in further discussion and in reading Liz' notes it appears that other people thought she



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1 2 said she asked her roommate should she obtain it. 3 Q. And the notes that you made 4 were not made immediately after that meeting? 5 A. No, they were not. 6 0. I understand that you were the nurse ---7 THE COMMISSIONER: You don't happen 8 to know whether her roommate was a lawyer. 9 THE WITNESS: I think she was a 10 student but at that time I didn't distinguish. 11 THE COMMISSIONER: A law student? 12 THE WITNESS: Yes. 13 MR. BROWN: O. You were aware at that meeting that Susan Nelles' roommate was a 14 law student? 15 Yes, because I heard her say Α. 16 so, not because I knew the lady or anything about 17 it before that night. 18 Q. And you heard that at that 19 meeting? 20 A. Yes. 21 Q. Now, I understand you were the nurse who initially interviewed Susan Nelles, 22 is that correct? 23

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Yes.



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Q. And you were also the nurse responsible for hiring Susan Nelles?

A. Yes.,

Q. And that some time in the fall of 1979, if I recall?

A. Yes, she may have come to the Hospital in 1979, because there was no vacancy on 5A, the Cardiology Ward at that time and she worked for a month on the Surgical Ward and as soon as we had a vacancy transferred to our ward.

Q. That as you recall it would have been the fall of 1979?

A. Yes.

Q. Were you also responsible for conducting a performance evaluation on Susan Nelles?

A. Yes, early in her employment

Q. Perhaps I can show you a copy of that, and that was marked as Exhibit 32 at the preliminary inquiry.

THE COMMISSIONER: That was produced as one of the exhibits?

MR. BROWN: It would be at Tab 32 of Volume 32A.

Q. Do you recognize this as an



evaluation that you performed of Susan Nelles?

- A. Yes, I do.
- Q. And your signature appears at the bottom of the page opposite the word "evaluator"?
 - A. Yes, it does.
- Q. And the evaluation was conducted on January the 18th, 1980?
 - A. Yes.
- Q. Am I correct in saying that the general summary of your evaluation of Susan Nelles at that time is that she was adapting well, learning, enjoys her work and willing?
 - A. Yes.
- Q. And I notice that there are below that two areas, one of which relates to the strengths, and what notation did you make of your perceived strength of Susan Nelles as a nurse?
- A. She related to children and parents well or would be implied, although it isn't written. She did quality patient nursing care.

 She was a willing nurse, a willing worker and a hard worker.
- Q. And then below that there are there is an area marked areas requiring improvement



and what areas did you see that she should improve in?

- A. The nursing process which was assessment and recording on the nursing care plan.
 - Q. What would that involve?
- A. It would involve assessment of the patient's needs, the patient's nursing needs as they changed and recording these on the nursing care plan with plans for how we would meet them.

 Continued learning in the field, which is pediatric cardiology, she was doing it just more. To do more teaching as her confidence grew in the field, and to be sure to always seek information as she felt she needed it.
- Q. And then below that there is an area marked "target base" with some notation, could you read those and explain them to me please.
- A. I think we didn't write specific objectives and probably we agreed verbally together that they were what was written here in the "requiring improvement" and we said that target dates would be to do them gradually and to show improvement in these specific areas by six months.
- Q. Would this have been an evaluation done at the end of a probationary period?



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Q. It is your recollection that that was the case?

A. Yes, it was done a little bit late, but that is what it was.

Q. Is it normally the practice that at the end of the probationary period a decision is made whether to retain a nurse on full time staff?

A. Yes.

Q. Were you the one responsible for making that decision in respect of Susan Nelles?

A. Yes.

Q. I take it the decision was to retain her on full time staff?

A. Yes. As I recall now, and this is kind of vague because it is a long time since I have seen the form, there was another little very brief evaluation form that was completed at three months, almost take off, much more brief than this, that may have been sent through to make her a permanent member of staff at three months, because I don't think I would have wanted to delay it until four or five months.

Q. Would you agree with me that



the evaluation that you conducted with her on January 18th, 1980 was on the whole a pretty positive evaluation?

- A. Yes, it was.
- Q. Did you have the opportunity to observe Miss Nelles working on the ward?
 - A. Yes, I did.
- Q. And was it your impression that she was a competent nurse?
 - A. Yes, she was.
- Q. And from your observation of her was it your impression that she was stable and secure?
 - A. Yes.
- Q. You have indicated to us that you were absent on vacation for part or one of the crucial weeks in March, and particularly the weekend of the 21st and 22nd.
 - A. I was.
- Q. Upon your arrival back in
 Toronto you had a telephone call with Liz Radojewski.
 Now, at that time were you made aware that digoxin
 was put under control?
 - A. Yes, as I recall now, I was.
 - Q. And prior to that time there



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was free access to digoxin?

- A. Yes.
- Q. And the new policy placing digoxin under control, I take it that digoxin was placed in the narcotic cabinet?
 - A. Yes, it was.
- Q. And at that time as soon as the policy was put into effect who had access to the keys which would open the narcotic cabinet?
- A. I think that at that time the RNs on the ward had access to the keys. A little later, I think it was some months later we restricted it to team leader only, but at that time I think the team leader and the RNs on the ward would have access to the keys.
- Q. Am I correct then in saying that the access to the keys would have followed the previous pattern of the handling of the narcotic key?
 - A. Yes, it would.
- Q. And the nurse who was responsible for doing the narcotic count in the morning generally would maintain the key for the balance of that shift?
 - A. That is what the policy book



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said, but that is not what happened; because whatever nurse needed them, if she was a staff nurse
employed on our ward she could independently take
the keys and go, and of course she couldn't give
any controlled drug without having it checked with
someone, and that often would be the team leader,
but it would not necessarily be that the keys were
in the possession of one single person.

Q. So the possession could change throughout the course of a shift?

A. Yes, but it would remain among the RN staff of the ward, including myself.

Q. A few moments ago you mentioned that at some subsequent time there was a change in the policy as to who could control the key; could you tell me what gave rise to that change of policy?

A. I think it was after Susan's arrest, and it related to some predominantly-and immediately it related to two missing tablets of digoxin in a box of oral digoxin tablets in 4A's narcotic cupboard.

Q. Can you recall precisely when that incident occurred?

A. I had it figured out but I will have to fumble a little while to find it,



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perhaps May.

page 28.

THE COMMISSIONER: You say two

missing tablets were they?

THE WITNESS: Of digoxin, yes.

MR. BROWN: Q. Could I refer you perhaps to Ward 4B meeting book which we know as Exhibit 301, it is a separate sheet of paper.

A. Yes.

Q. If you could perhaps look at

A. Yes.

THE COMMISSIONER: 28.

MR. BROWN: Page 28, Mr. Commissioner.

Q. There is a notation at the top of the page re drug theft.

A. Yes.

Q. Does that cover the incident which you are relating?

A. Yes, it does.

Q. And there doesn't appear to be a date opposite that.

A. I wonder if it continues from the page before or not? No, it was a new issue.

No, there is no date but at least it preceded the 25th of May, that is all I can say right now.



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		Q.	That	was t	he Wa	ard 4	B nu	rsing
oook. P	erhaps	I coul	d take	you	to th	ne Wa	rd 4	A
communic	ation b	ook, E	xhibit	300	and :	if yo	u wo	uld
turn to	page nu	mber 4	l, the	big	numbe	er 41	- 0	
		THE CO	MMISSI	ONER:	Pa	age?		

MR. BROWN: Page 41,

Mr. Commissioner.

book.

ANGUS, STONEHOUSE & CO. LTD.

THE COMMISSIONER: Page 41 or

Tab 41? No, I see it.

MR. BROWN: No, the communications

THE COMMISSIONER: Page number 41?

MR. BROWN: That is correct.

Q. About half way down the page there is a notation 15/5/81 new policy re narcotics keys and counting.

A. Yes.

Q. Would that have been in relation to the same incident?

A. JusYes, it was.

Q. So would it be safe to say that this incident occurred some time in the middle of May 1981?

A. Yes, it would.

Q. And that was after the arrest



of Susan Nelles?

A. Yes.

Q. Could you please tell me what you know about that incident involving missing tablets of digoxin?



I was in charge of 4B that

A.



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that two digoxin tablets were missing in the count and that they were missing from an unusual position in that they were not the first tablets to have access when you open the lid of the box, so that they would not have fallen out or it is unlikely that they would have been given a 'not recorded' because we did not give tablets from the middle of the box before we gave them from the beginning of the box.

Q I take it at this time digoxin tablets were kept under lock in the narcotic cabinet?

morning. Liz Radojewski was away at a conference.

The nurses who counted the drugs on 4A reported to me

Q. Did you actually see the box of digoxin tablets?

and none should have been missing that were not

accounted for in the narcotics sheets.

controlled drug so they should have been signed for

A. Yes, I did.

Q. And the missing tablets were from the middle of the box?

A. Yes, they were.

Q. And you consider that somewhat

Yes, they were, and they were a

odd?





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A. Yes, I do, because they could not have fallen out, and it is unlikely they would be purposefully taken out from the middle of the box to be administered to a patient. It is unusual.

Q. After discovering the missing digoxin tablets, did you report that to anyone in the Hospital or to the police?

A. Yes, I did, to both.

Q. To whom did you report it in the

Hospital?

A. To the doctors, to whoever was co-ordinator at that time, and Ms. Geiger was aware of it, to Liz Radojewski, to the cardiologists, but at this moment I cannot tell you which name. I think Dr. Rowe and Dr. Freedom were involved in that discussion, but whether they were the first ones I reported it to, I am not positive now.

Q. Who did you report to in the police?

A. Sergeant Warr.

Q. When did you report to him?

Within an hour or so of discovering

this.

Q And that same day in the morning?

A. Yes.





Q. I see, and what did you advise Sergeant Warr that happened?

A. I explained it, I think, similarly to the way I explained it to you just now.

Q. What instructions, if any, did he give you?

A. Treat it very seriously. Make sure that all the staff know that this is a serious matter. Consider it drug theft, not drug loss, and make sure they know that this is -- I do not know if he said criminal, but some kind of offence, that anyone who would do this is in danger.

Q. Did the change in policy governing control of the narcotic keys, did that suggestion come from the Hospital or from the police?

Hospital or even from ourselves. I think he may have also suggested changing the lock and key for the particular narcotic cabinet, or either he suggested it, I think I even thought of that before I went to him, so I am not sure where the suggestion came from, but that also was done. But I do not think he is the one who initiated the idea of controlling who had the keys.

Q. Was that policy implemented immediately?





A. Within that day I thin	ık
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Q. Are you aware of whether the police or the Hospital conducted an investigation into ascertaining how the tablets were lost or taken?

A. No, I am not aware of that. I do know that some time soon after that the Federal Narcotics agent who routinely checks narcotic control in the Hospital visited, that he was specifically brought to our ward for obvious reasons, that being one of them. We had also had difficulty having a really accurate measurement of the elixir codeine. I do not remember him saying much about the digoxin tablets, because they were not federally controlled, but he did say about the codeine, that he was not worried about that, somebody might just have a good snooze or something. He just made light of it anyway.

Q. Were you ever advised that they discovered why these digoxin tablets had been lost or taken?

A. No.

Q. To this day does that remain an unsolved mystery?

A. To me it does.

MR. BROWN: Thank you, those are all





the questions I have.

THE COMMISSIONER: Thank you.

We will rise now until 10 o'clock

tomorrow.

--- Whereupon the hearing adjourned at 4:35 p.m. until Wednesday, February 1st, 1984 at 10:00 a.m.



